



AMMIS Prior Authorization User Manual

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1 DOCUMENT CONTROL

The latest version of this document is stored electronically. Any printed copy has to be considered an uncontrolled copy.

1.1 DOCUMENT INFORMATION PAGE

Required Information	Definition
Document Title	AMMIS System User Manual
Version:	13.0
Location:	https://pwb.alxix.slg.eds.com/ALXIX/Subsystem/utls/DocDescription.asp?Folder=../Business%20Design/UserManuals/PriorAuth_UM
Owner:	DXC/Agency
Author:	
Approved by:	
Approval Date:	12/12/2011

1.2 AMENDMENT HISTORY

The following Amendment History log contains a record of changes made to this document:

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised
11/08/2011	1.1		Application of EIP #4 5010 Change Orders.	CO 8556 - Added two new fields (Effective Date and End Date) to the Assignment screen, increase size of Diagnosis code field from 5 to 7 characters. Description field on Internal Text panel increased from 540 to 900. 5.3.2 – Search Results – replaced screen prints 6.1 – Prior Authorization Search panel (6.1.3) 6.9 – Internal Text Panel (6.9.3) 6.13 – Prior Authorization Information Panel (6.13.3) 6.17 – Assignment Panel (6.17.2, 6.17.3 and 6.17.4)
12/12/2011	2.0		Agency approved	
10/07/2013	3..0		Application of ICD-10 changes	CO 10188: Update section 6.1 Prior Authorization Search panel. Update

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised
				<p>panel layout and field descriptions.</p> <p>CO 10189: Update section 6.13 Prior Authorization Information panel. Update panel layout and field descriptions.</p> <p>Update section 6.10 Line Item Panel. New field edit error message added.</p> <p>Update section 6.15 Base Information panel. Update panel layout, field descriptions and field edit error messages.</p>
10/9/2013	4.0		Application of CO 10293	Update section 6.10.4 Line Item Panel field edit error messages.
10/23/2013	5.0		<p>Application of CO 7540</p> <p>Application of CO 10904</p> <p>Application of CO 10898</p>	<p>6.15 Base Information Panel – update layout and field descriptions</p> <p>6.10 - Line Item Panel – update layout, field descriptions and field edit error messages</p> <p>6.14 - Prior Authorization Maintenance Panel – update layout and field descriptions.</p> <p>6.13 - Prior Authorization Information panel - update layout and field descriptions.</p> <p>Removed Administrative Review panel and Appeals Panel</p> <p>The following sections were updated: 5.4.2 Maintenance Panel, 5.4.3 Task List Panel, 5.4.4 Maintenance Item Panel, 5.4.5 Audit Panel – new screen shots</p> <p>6.17 Decision Status Panel – update narrative and panel layout.</p>

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised
				<p>Remove 7.10 PAU-007A-M – Prior Authorization Hearings and Appeals Received Report and 7.11 PAU-007B-M – PA Monthly Hearings and Appeals – Finalized Report</p> <p>7.3 PAU-0005-M – Prior Authorization Monthly Activity Report – update report layout and field descriptions</p> <p>Remove PAU-0006-M – Prior Authorization Monthly Administrative Review Report</p> <p>7.5 - PAU-0008-M – Prior Authorization Monthly Utilization Report SVC Provider - update report layout and field descriptions</p> <p>7.6 PAU-0009-M – Prior Authorization Monthly Utilization Report-REQ Provider – update report layout and field descriptions</p> <p>7.8 PAU-001A-M -- Prior Authorization Analyst Activity Report – update report layout and field descriptions</p>
01/13/2014	6.0		Application of CO 116484	<p>7.2 - PAU-0003-D – Prior Authorization Quality Review Report – MEDICAID – revised layout</p> <p>Add 7.3 - PAU-003A-D – Prior Authorization Quality Review Report – CHIP</p>
06/12/2014	7.0		Application of CO 11843	<p>7.2 PAU-0003-D – Prior Authorization Quality Review Report – Medicaid</p> <p>7.3 PAU-003A-D – Prior Authorization Quality Review Report – CHIP</p>

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised
				New—7.4 PAU-003B-D – Prior Authorization Quality Review Report – ACA
09/24/2014	8.0		Application of CO 7540	6.13 – Base Information Panel – updated layout, field descriptions.
11/05/2014	9.0		Application of CO 11646	6.13 - Base Information Panel – updated layout and field descriptions
05/11/2016	10.0		Application of CO 12819	Update 4.3.1 Logging onto the AMMIS Update 4.3.2 Logging off the AMMIS
07/27/2016	11.0		Application of RCO COs	CO 13103 6.15 Modify Assignment Panel to include 'RCO Covered Service' field. CO 13104 6.8.4 Modify Prior Authorization Line Item Panel to include new field edit error message to validate Recipient against Assignment Type and Requested date.
11/17/2017	12.0		Application of CO 14497	6.15 Assignment Panel Overview
04/09/2018	13.0		General Updates	

1.3 RELATED DOCUMENTATION

Document	Description	url

2 PRIOR AUTHORIZATION INTRODUCTION

2.1 PRIOR AUTHORIZATION USER MANUAL OVERVIEW

The Alabama AMMIS System has several functional areas that perform specific operations for the system users. This user manual is designed to cover the information necessary to perform the tasks associated with the Prior Authorization functional area.

This manual covers the following:

- Prior Authorization Overview
- Prior Authorization System Navigation
- System Wide Common Terminology and Layouts
- Provider Pages/Panels
- Provider Reports

2.2 PRIOR AUTHORIZATION USER MANUAL OBJECTIVE

This section explains the objective of the Alabama AMMIS Prior Authorization User Manual is to provide system users with detailed descriptions of the online system, including pages/panels and report field descriptions, pages/panels functionality descriptions and graphical representations of pages/panels and report layouts.

This manual contains references to current Alabama Medicaid Management Information System (AMMIS) screens, when applicable. This information will be deleted after implementation training, and is identified in the narrative text in *italics*.

3 PRIOR AUTHORIZATION OVERVIEW

3.1 INTRODUCTION TO PRIOR AUTHORIZATION

Prior Authorization (PA) is a mechanism to review, assess, and pre-approve or deny selected non-emergency medical services prior to payment. PA serves as a cost-containment and utilization review mechanism, enabling payment for only those treatments and services that are medically necessary, appropriate, and cost-effective.

The AMMIS PA functional area supports the following functions and processes:

Direct Data Entry (DDE) and Health Insurance Portability and Accountability Act (HIPAA) 278 Electronic Data Interchange (EDI) submissions of requests for medical services.

Direct Data Entry (DDE) requests for pharmacy services.

Generation of PA Notices to communicate decision information to both recipients and providers.

Integration with claims processing to provide online, real time processing and adjudication of claims against PA requests.

Integration with other functional areas to provide online, real-time access to Provider, Recipient and Reference data, including front-end editing and validation of keyed requests into the online application Web-based panels.

4 PRIOR AUTHORIZATION SYSTEM NAVIGATION

4.1 OVERVIEW

The Alabama AMMIS System is designed according to a set of development standards. This section is designed to introduce users to standard system navigation features within AMMIS.

4.2 SYSTEM SECURITY

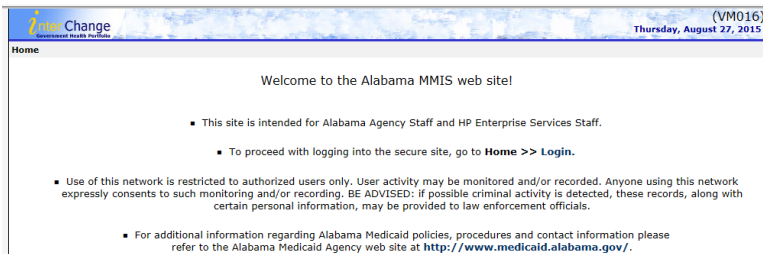
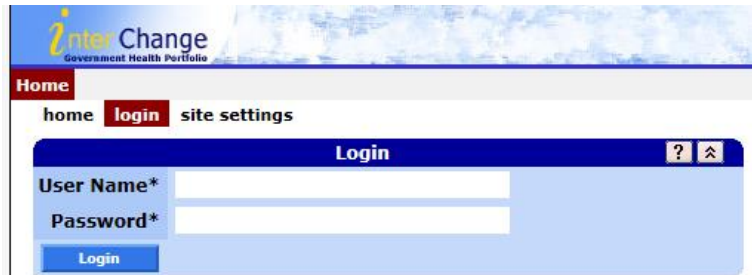
System security is handled by your system administrator. For all other security concerns with operating the system, refer to your department's business rules and practices.

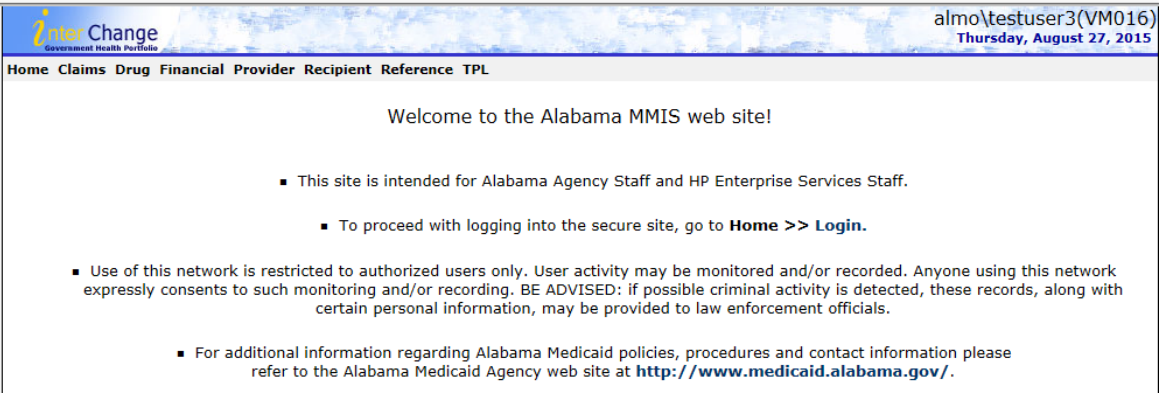
4.3 LOGGING IN/LOGGING OUT

Users must successfully log in to the Alabama AMMIS website in order to utilize the services available within the secure portal.


4.3.1 Logging into AMMIS

Follow the steps below to log in to the website:

Step	Action	Response
1	Click Internet Explorer or Netscape Communicator browser located on your workstation.	Internet Explorer or Netscape Communicator launches.
2	Enter https://pro.alxix.slg.eds.com/alabama/default.aspx and press Enter key on your keyboard.	Security Alert message displays.
3	AMMIS Home page displays. 	AMMIS Authentication Home page displays.
4	Click Home -> Login  Note: All field edits are available on iTRACE for login panel.	
5	Enter User Name and Password . Click OK .	

Step	Action	Response
		almo\testuser3(VM016) Thursday, August 27, 2015

4.3.2 Logging off AMMIS

Click the Exit  button on your internet browser or Click Home -> LogOff to log off the AMMIS.

4.4 CHANGING PASSWORDS

Users are prompted to change their password every thirty (30) days. The password must be seven characters in length and contain alpha/numeric values. The Password Manager panel displays when it is time to enter a new password.

Note: The Account ID is automatically populated when the panel displays.

Password Manager

Account

Old password

New password

Confirm new password

Follow the steps below to change your password:

Step	Action	Response
1	Enter Old password .	
2	Press Tab .	User is taken to the New password field.
3	Enter New password .	
4	Press Tab .	User is taken to the Confirm new password field.

Step	Action	Response
5	Confirm new password by entering it again.	
6	Click OK .	Password successfully changed. Note: If a user enters an invalid password the system displays an error message.

The following message displays upon successful password change:

iTRACE Password Manager

Password successfully changed.

[" Back to "](#)

4.5 SCREEN DISPLAY FEATURES

The AMMIS system is designed to display within Web browser pages that fit on a computer (PC) desktop with a screen resolution of 1024 x 768 pixels. However, in order to fit large system objects such as panels, pages, reports, and letters into one screen print, the user has the option of resetting the text size of the Web browser so that the selected area of the system fits into a screen print.

In addition, there may be some Web browser pages that use a lower pixel configuration and cause a horizontal scroll bar to appear at the bottom of the page for viewing the left side and the right side of the information displayed. In general, pages should only require vertical scrolling.

4.5.1 To Set System Text Size

To set system text size, perform the following steps:

Step	Action	Response
1	Log into AMMIS.	Home page displays.
2	Select View .	View menu displays.
3	Point to Text Size and click Smaller .	Default text size is set to medium. After the user selects smaller, the system objects will appear smaller.

5 SYSTEM WIDE COMMON TERMINOLOGY AND LAYOUTS

The following section identifies common system terminology and features, and where applicable, an associated screen capture or design layout. This is not an all-inclusive list of common system terms and layouts; however, it is a basic foundation for the beginning user to view and understand prior to navigating the system. These terms are used by technical team members, training specialists, and help desk staff when discussing or more importantly, documenting, aspects of the system.

For information about system wide objects, instead of clicking a subsystem link within the technical design page, the user clicks the System Wide link to open documentation of system objects which are common system wide within the application.

Below is a partial list of common terms described within this document:

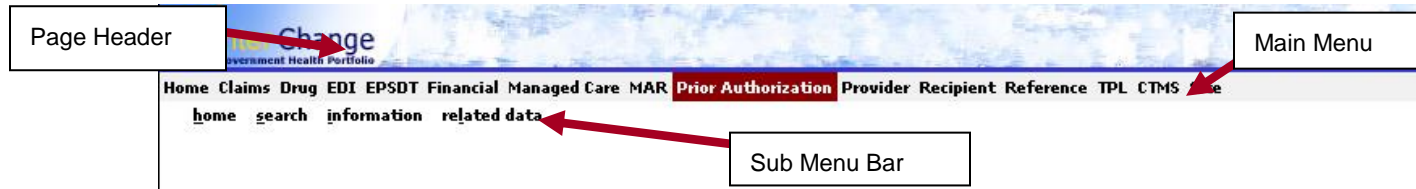
- Page
- Page Header
- Page Footer
- Sub Menu
- Shortcut Keys (ctrl + alt + letter)
- Main Menu bar
- Panel
- Advanced Search
- Mini Search panel
- Hot Link
- Information panel
- Navigation panel
- Task List panel
- Title Bar Icons
- Help Functionality

5.1 PAGE LAYOUT

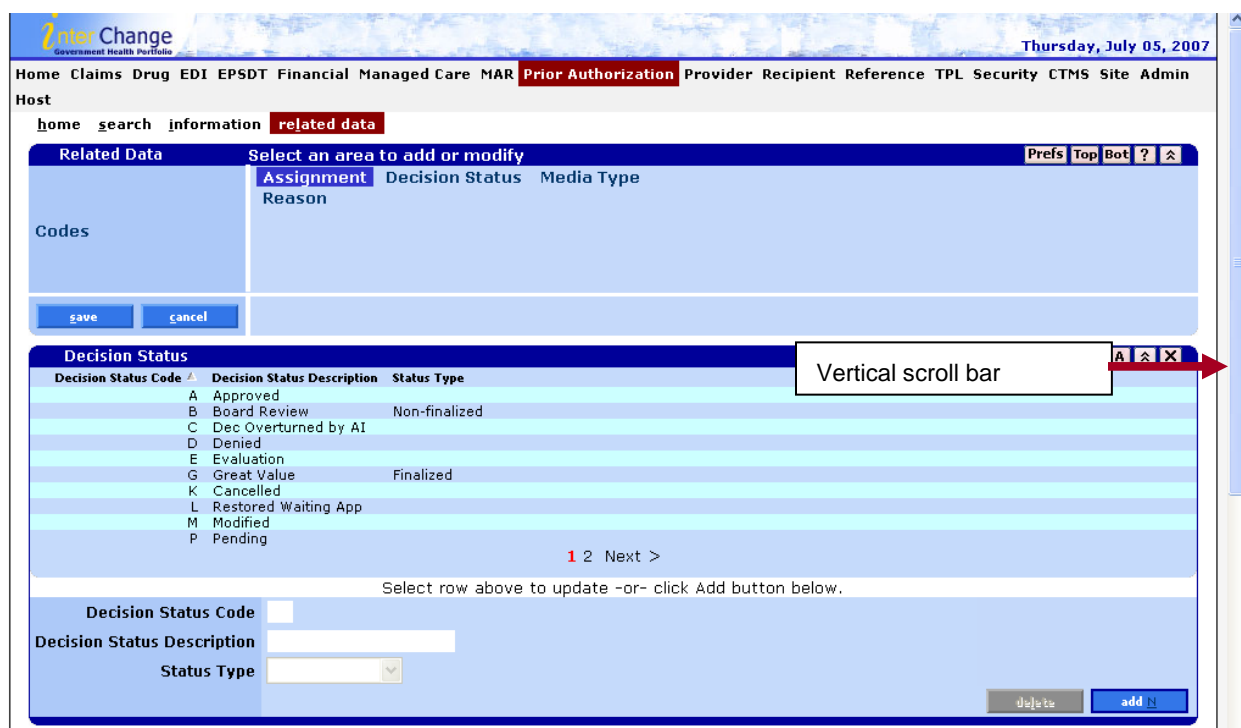
A page is defined as the entire screen that appears in the Web browser. The page contains a page header area with the day and date displayed, a Main Menu bar, a Sub Menu, and any associated panels. The bottom of the page contains the Page Footer with the DXC Technology copyright text displayed.

The Main Menu bar contains a horizontal set of links which display pull-down menus. Each pull down menu opens an associated page within the system.

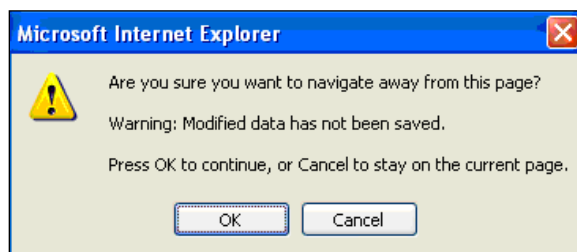
Beneath the Main Menu bar is the Sub Menu of horizontal links that opens an associated page within the system. The Sub Menu links appear in the same order as the Main Menu pull down options, and the Sub Menu links are spelled the same as the Main Menu pull down options.



In general, when navigating a page, the vertical scroll bar is the only scroll bar needed to view panels stacked in a vertical manner.



If a user attempts to add, update, or delete information within the page, then tries to navigate away from the page without saving or canceling the transaction, the system prompts the user with a pop-up window message. When the system generates the message, the detail panels are locked open, and navigation away from the page is not permitted until changes are either correctly saved or cancelled.



5.2 SHORTCUT KEYS

If the user activates the shortcut keys function, the Sub Menu links can be used in combination with (Ctrl +Alt + shortcut key) to quickly open the associated page.

To activate the shortcut key, click on the Site link, Select Personal Settings, check “Activate Shortcut Keys” and click the blue “Update” button.

iInter Change
Government Health Portfolio

Tuesday, October 31, 2006

Home Claims Drug EPSDT Financial Managed Care MAR Prior Authorization Provider Recipient Reference TPL Security CTMS **Site** Admin Host

home **personal settings**

Personal Settings

Activate Dropdown Menus ☒

Activate Linearized Tables ☐

Activate Focus Return ☐

Activate Shortcut Keys ☒

Shortcut Key Display Mode Underline

update

Last Update: Tuesday, October 31, 2006 4:01:52 PM

To know which letter to use in combination with the (Ctrl + Alt) shortcut keys, the user must look at the Sub Menu name. Within the name, the letter that has a horizontal bar below it is the shortcut key letter.

Within the Prior Authorization Sub Menu, the user can use the shortcut keys to quickly navigate from the Prior Authorization Search panel to the Related Data panel by using the following shortcut key combination: (Ctrl + Alt + L) since the letter “L” is found within the horizontal bars on the Sub Menu related data link.

iInter Change
Government Health Portfolio

Thursday, December 21, 2006

Home Claims Drug EPSDT Financial Managed Care MAR **Prior Authorization** Provider Recipient Reference TPL Security CTMS Site Admin Host

home **search** information related data

Prior Authorization Search

Prior Authorization [Search]

Current ID [Search]

Provider ID [Search]

Service Provider [Search]

Diagnosis [Search]

Analyst [Search]

Reviewer [Search]

Assignment Code [Search]

Records 20

search **clear** **adv search** **add N**

iInter Change
Government Health Portfolio

Thursday, December 21, 2006

Home Claims Drug EPSDT Financial Managed Care MAR **Prior Authorization** Provider Recipient Reference TPL Security CTMS Site Admin Host

home **search** information **related data**

Related Data Select an area to add or modify

Codes	Assignment	Decision Status	Media Type

save **cancel**

5.3 SEARCH OPTIONS

There are several search options available within AMMIS.

5.3.1 Search Panels

The AMMIS system contains more than one type of search panel: Search and Advanced Search. The Prior Authorization Search panel, as displayed below, contains both a Search button and an Advanced Search button.

Prior Authorization Search

Prior Authorization

Provider ID [Search]

Diagnosis [Search]

Reviewer [Search]

Current ID [Search]

Service Provider [Search]

Analyst [Search]

Assignment Code

Records 20



search

clear

adv search

add

5.3.2 Search Results

Search results can be sorted in ascending  or descending  order by clicking the column name in the Search Results panel. All search results are resorted, not just the search results displayed on the current search result panel.

Assignment

Assignment Code	Description	Assignment Group	Service Provider Required	Effective Date	End Date
01	MEDICAL CARE	01	Yes	04/21/2011	12/31/2299
02	SURGICAL	02	No	01/01/1900	12/31/2299
03	CONSULTATION	01	Yes	01/01/1900	12/31/2299
04	DIAGNOSTIC X-RAY	01	No	01/01/1900	12/31/2299
05	DIAGNOSTIC LAB	01	Yes	01/01/1900	12/31/2299
06	RADIATION THERAPY	01	Yes	01/01/1900	12/31/2299
07	ANESTHESIA	01	Yes	01/01/1900	12/31/2299
08	SURGICAL ASSISTANCE	01	Yes	01/01/1900	12/31/2299
11	USED DURABLE MEDICAL EQUIPMENT	01	Yes	10/01/2011	12/31/2299
12	DME - PURCHASE	02	Yes	01/01/1900	12/31/2299

1 2 3 4 5 6 7 8 9 10 ... Next >

Select row above to update -or- click Add button below.

Assignment

Description

Effective Date

Assignment Group

Service Provider Required

End Date

delete

add

In the following figure, the fifth row of the Assignment panel is selected and detailed information displays at the bottom of the panel.

Assignment					
Assignment Code	Description	Assignment Group	Service Provider Required	Effective Date	End Date
01	MEDICAL CARE	01	Yes	04/21/2011	12/31/2299
02	SURGICAL	02	No	01/01/1900	12/31/2299
03	CONSULTATION	01	Yes	01/01/1900	12/31/2299
04	DIAGNOSTIC X-RAY	01	No	01/01/1900	12/31/2299
05	DIAGNOSTIC LAB	01	Yes	01/01/1900	12/31/2299
06	RADIATION THERAPY	01	Yes	01/01/1900	12/31/2299
07	ANESTHESIA	01	Yes	01/01/1900	12/31/2299
08	SURGICAL ASSISTANCE	01	Yes	01/01/1900	12/31/2299
11	USED DURABLE MEDICAL EQUIPMENT	01	Yes	10/01/2011	12/31/2299
12	DME - PURCHASE	02	Yes	01/01/1900	12/31/2299

Type changes below.

Assignment	05	Assignment Group*	01
Description*	DIAGNOSTIC LAB	Service Provider Required*	Yes
Effective Date*	01/01/1900	End Date*	12/31/2299

delete add

5.3.3 Mini Search

After the user has viewed at least one search result in an information panel, another search can be completed by using the primary search fields within the Mini Search panel located above the information panel containing the search result.

Mini Search panels contain one or two primary search fields related to the business process.

Next search by: Prior Authorization

5.3.4 Pop-Up Search

A Pop-Up Search allows the user to search for field data without leaving the page. By clicking on the (Search) link, the user accesses the search panel that is associated with that particular field.

Clicking on Diagnosis Search link displays the associated Diagnosis Information panel

Diagnosis	
Current ID*	[Search]
Diagnosis	[Search]
Update Reviewed	
Reviewer	EVAL [Search]















Search	
Diagnosis	Description
[Search] [clear]	
Search Results	
Diagnosis	Description
001	CHOLERA
0019	CHOLERA, UNSPECIFIED
002	TYPHOID AND PARATYPHOID FEVERS
0020	TYPHOID FEVER
0021	PARATYPHOID FEVER A
0022	PARATYPHOID FEVER B
0023	PARATYPHOID FEVER C
0029	PARATYPHOID FEVER, UNSPECIFIED
003	OTHER SALMONELLA INFECTIONS
0030	SALMONELLA GASTROENTERITIS

5.4 PANEL LAYOUT

A panel is defined as a portion of a page that performs a well-defined unit of functionality. Some panels always appear on a page, while others only appear when invoked by the user.

5.4.1 Panel Type and Functions

The system contains various panel types with specific functions for each panel type. Some panels have common icons while other panels have icons specific to their functions. Listed below are icons that can be found on one or more types of panels:

Name	Icon	Description
Add Button		Inserts a new data record.
Delete Button		Deletes a selected data record.
Cancel Button		Cancels all changes applied to all panels on the page. Can be found on the navigation panel.
Save Button		Saves all changes to all panels on the page. If validation errors occur, an error message displays in the Task List panel. Can be found on the navigation panel.
Preferences Button		Allows user to place a checkmark next to each navigation panel they would like to see whenever they browse the Prior Authorization subsystem. Click the checkbox a second time to remove the navigation panel as preferred panel to see upon entering the Prior Authorization subsystem. This function can be found only on the Navigation panel.
Top Button		Allows user to jump to the top of the page.
Bottom Button		Allows user to jump to the bottom of the page.
Help Button		Opens a window that displays the panel help page.
Maximize Button		Expands a panel to display all of its content.
Minimize Button		Collapses a panel.
Navigation Button		Allows user to jump to the Navigation panel.
Audit History Button		Opens the Audit History Panel for a specific panel.
Close Button		Closes a panel.
Green Information Button		Opens information file for the associated field.

Among the panel types are the following:

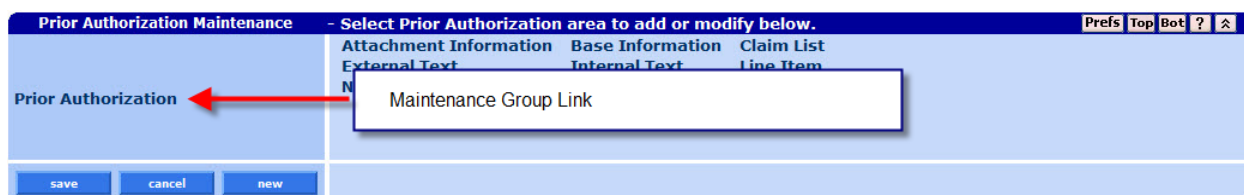
- Maintenance panel
- Task List panel
- Maintenance Item Panel
- Audit panel

5.4.2 Maintenance Panel

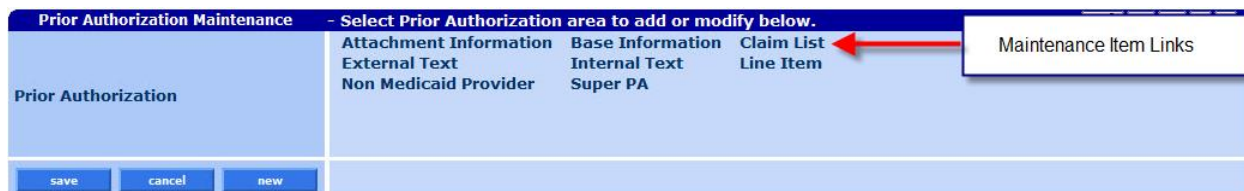
A maintenance panel is a special control panel that uses links to open or close panels on a Web page. By clicking on a Maintenance Group Link, the associated Maintenance Item panel is displayed. Changes to Maintenance Items displayed on the page are saved or cancelled by clicking the Save or Cancel buttons on the Maintenance panel.

The Maintenance panel is used to navigate within a page, never to leave the page.

The following image demonstrates Maintenance Group Links (Prior Authorization) and the associated Maintenance Item links.



By clicking on a Maintenance Item Link (such as Claim List), the associated panel opens.



Results: Claim List panel displays

Claim List						Top	Nav	?	⌵	⌵
ICN	Claim Line Detail	PA Line Item Number	PA Units Paid	PA Amount Paid	XREF Record Status					
2205283100004	2		0	\$0.00						
2205283100004	1		0	\$0.00						
2205361130001	1		0	\$0.00						
2205361130001	1		0	\$0.00						
2205361130002	1		0	\$0.00						
2206012150001	1		0	\$0.00						
2206012150002	1		0	\$0.00						
2206012150003	1		0	\$0.00						
2206012150004	1		0	\$0.00						
2206012150005	1		0	\$0.00						
						1 2 3 4 5 6 7 Next >				

5.4.3 Task List Panel

Task List panels appear within navigation panels and provide messages to the user regarding whether the data was successfully saved, or if errors occurred to prevent the data from being successfully saved, or warning messages which may or may not include a radio button selection for the user to activate prior to completing the task.

Prior Authorization Maintenance - Select Prior Authorization area to add or modify below. Prefs Top Bot ? ↕

Prior Authorization

Attachment Information Base Information Claim List
External Text Internal Text Line Item
Non Medicaid Provider Super PA

save cancel new

The following messages were generated:

Message Description	Panel	Field	Row
Description is required.	External Text	Description	1
A valid PA Assignment is required	Base Information	PA Assignment	
Requested Eff Date is required.	Line Item	Requested Eff Date	1
Service Type Code is required.	Line Item	Service Type Code	1
Requested End Date is required.	Line Item	Requested End Date	1
A valid Status is required	Line Item	Status	1
A valid Current ID is required	Base Information	Current ID	
PA number invalid - 10 digits required.	Base Information		
Enter either a Requesting Provider on the Base Information panel or a Non-Medicaid Requesting Provider record.	Base Information		

save cancel

The task list contains both the name of the panel where the error occurred, and the field name or row in order to help users quickly identify key areas to correct prior to attempting another save action.

Warning messages provide users with a warning about the data they are trying to update, delete, add, or save. For example, if the user attempts to add duplicate record, the system generates a warning message.

An error message can also contain additional information which is accessed by clicking on a square node icon in the lower left side of the Task List panel.

5.4.4 Maintenance Item Panel

A Maintenance Item panel is opened by clicking a link on the Maintenance panel. Maintenance Items allow detail data to be viewed and updated. Usually a Maintenance Item has a list of data records and a panel to perform data updates. Click the Add button to enter a new data record. Or click a data record from the list to perform field updates or to delete the record. Once selected, a data record is deleted by clicking the Delete button. All adds, deletes and updates must be followed by a Save before the transaction is permanent.

Prior Authorization Maintenance - Select Prior Authorization area to add or modify below. Prefs Top Bot ? ↕

Prior Authorization


Attachment Information Base Information Claim List
External Text Internal Text Line Item
Non Medicaid Provider Super PA

save cancel new

Maintenance Item

5.4.5 Audit Panel

Audit panels display data change history for a given Navigator Item panel. Every insert, update or delete that is performed (on an updatable panel) in the system causes a "before" image of the data to be saved to the audit table. Users can then use the audit panel to display this information.

Audit panels are opened by clicking the  button in the Navigator Item panel.

Base Information Audit History

Columns:

- ☐ Prior Authorization Number
- ☐ Service Provider Check
- ☐ Received Date
- ☐ Time Received
- ☐ Sent Date
- ☐ Update Received
- ☐ Update Reviewed
- ☐ Review Date
- ☐ Pa Keyed Date
- ☐ Print Option
- ☐ Managed Care Indicator
- ☐ Pmp Indicator
- ☐ Financial Payer
- ☐ Diagnosis
- ☐ Media Type
- ☐ PA Assignment
- ☐ DRG
- ☐ Fund Code
- ☐ Analyst
- ☐ Reviewer
- ☐ Clerk Entry ID
- ☐ Provider ID
- ☐ Provider ID(1)
- ☐ Service Provider ID
- ☐ Service Provider ID(1)
- ☐ Current ID
- ☐ Emergency
- ☐ Accident
- ☐ Special Considerations
- ☒ User Name
- ☒ System Date
- ☒ Action Code

Start Date:

End Date:

Show All: ☒

Records: 20

Buttons: search, deselect all, select all

Audit Results


*** No rows found ***

User Name	System Date
Action Code	

5.5 HELP FUNCTIONALITY

The AMMIS system contains two paths to locate help: Question Mark Icon and Field Level Help.

5.5.1 Question Mark Icon

The Question Mark icon  is used to access page/panel level help. Click the Question Mark icon to launch a separate Internet browser that contains information on the page/panel.

Panel Help Feature - Question Mark Function Description

Upon accessing the **Panel Help** function a description of the panel is displayed within the window:


Assignment

The Assignment panel allows authorized users to add and maintain the prior authorization assignment code records used to identify the type of prior authorization requested.

Navigation Path: [Prior Authorization - Related Data] - [Codes] - [Assignment].

Technical Name:
PA.PaAssignCode

Panel Name:
PaAssignCode



The second item displayed is the **Panel Layout**:

Assignment Layout

Assignment Code	Description	Assignment Group	Service Provider Required
01	MEDICAL CARE	01	Yes
02	SURGICAL	01	Yes
03	CONSULTATION	01	Yes
04	DIAGNOSTIC X-RAY	01	Yes
05	DIAGNOSTIC LAB	01	Yes
06	RADIATION THERAPY	01	Yes
07	ANESTHESIA	01	Yes
08	SURGICAL ASSISTANCE	01	Yes
12	DME - PURCHASE	01	Yes
14	RENAL SUPPLIES - IN HOME	01	Yes

1 2 3 4 5 6 7 8 9 10 ... Next >

Select row above to update -or- click Add button below.

Assignment: Assignment Group:

Description: Service Provider Required:

The third item displayed is the **Field Description** information related to the panel:

Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Click on the add button on the panel to insert a new data record. A user must have proper permission to perform an add.	Button	N/A	0
Delete	Click the Delete button on the panel to delete the selected data record. A data record from the list must be selected before a user can perform a delete. A user must have the proper permissions to perform a delete.	Button	N/A	0
Assignment	The code that identifies the type of PA request. Once the assignment code record has been created, this field becomes disabled and cannot be modified.	Field	Character	2
Assignment Group	The code identifying the higher level grouping of related PA Assignment Codes.	Field	Character	2
Description	The description of the prior authorization assignment code.	Field	Character	30
Service Provider Required	Indicates if a service provider is required on PAs that use this assignment code.	Field	Drop Down List Box	3

The fourth item displayed is the **Field Edit** information related to the panel. This portion of documentation provides the field name, the error messages associated to the field(s) and a brief explanation of how to correct the data in the field in order to bypass the error message displayed in the user interface.

Field Edits

Field	Field Type	Error Code	Error Message	To Correct
Delete	Button	0	Delete Error: Assignment Code record cannot be deleted - Assignment Code in use.	Record cannot be deleted because the assignment code is currently associated with an existing PA.
Assignment	Field	0	A duplicate record cannot be saved.	Verify and re-type. Assignment code already exists.
	Field	5001	Assignment is required.	Enter a 2-character assignment code.
Assignment Group	Field	5001	Assignment Group is required.	Enter an assignment group code.
	Field	5010	Assignment Group must be Numeric.	Enter a numeric assignment group code.
Description	Field	5001	Description is required.	Enter a text description for the assignment code.

The information available via the Question Mark icon is virtually the same panel information accessible in iTRACE. For example, the bottom of the page contains data such as,

Requirements, Test Cases, Change Orders/Defects and any Associated documentation that relates to a panel.

To close out of the Help panel, click the  in the browser title bar.

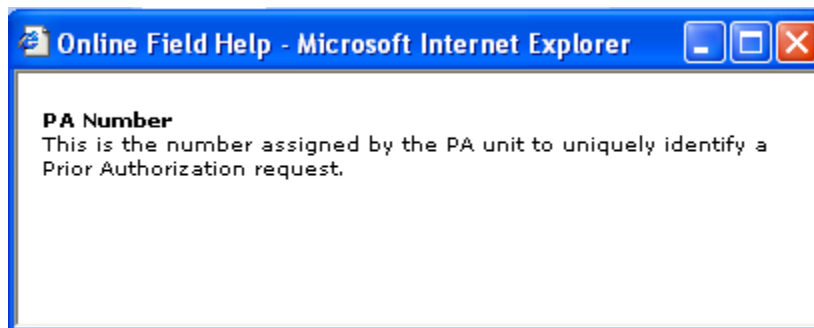
5.5.2 Field Level Help


Field Level Help is used to access field definitions related to a specific field selected. Click the Field Name to launch a pop-up window that contains information on the field selected.

Field Level Help Description

When hovering the cursor over a field name, such as **PA Number**, a question mark appears as part of the cursor.

Click once on the text area of the field and a pop-up window appears with a description of the field, such as the one provided below:



To close out of the Field Level Help window, click the  in the Online Field Help title bar.

6 PRIOR AUTHORIZATION PAGES/PANELS

This section gives a brief description of each page/panel, shows a sample, and describes all associated panel fields and field edits.

Note: Any names, addresses, or other personal information displayed in panel images are fictitious and are not representative of an actual person.

The panels Field Description table is sorted in alphabetical order. There may be some instances in which the publication script has altered this sort order and these anomalies were not changed during production of this document.

Each page or panel covers the following:

- Page/Panel Narrative
- Page/Panel Layout
- Page/Panel Field Descriptions
- Page/Panel Field Edit Error Codes
- Page/Panel Extra Features
- Page/Panel Accessibility

6.1 PRIOR AUTHORIZATION SEARCH PANEL OVERVIEW

6.1.1 Prior Authorization Search Panel Narrative

The Prior Authorization Search panel allows the user to enter search criteria and query for prior authorization requests, which match the search criteria entered.

This panel is inquiry only.

Navigation Path: [Prior Authorization] – [Search]

NOTE:

To view the advanced search panel, click the 'Adv Search' button.

6.1.2 Prior Authorization Search Panel Layout

6.1.3 Prior Authorization Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Links the user to the Information page where they are able to enter a new prior authorization.	Button	N/A	0
Adv Search	This button opens an extended search panel that presents additional search options from the standard search panel.	Button	N/A	0
Analyst	The PA analyst that actually entered the PA request.	Field	Character	8
Assignment Code	Code that describes the type of prior authorization. Reference the Assignment panel for valid values.	Combo Box	Drop Down List Box	2
Authorized Effective Date	Prior authorization authorized Effective (start) Date.	Field	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
Authorized End Date	Prior authorization authorized End Date.	Field	Date (MM/DD/CCYY)	10
Clear	Clears all of the search criteria fields.	Button	N/A	0
Current ID	Recipient Medicaid identification. The system assigned internal key for a unique recipient.	Field	Number (Integer)	12
Diagnosis	A code used to identify the Diagnosis (condition requiring medical attention). Represents a medical classification of a disease or condition according to ICD.	Field	Character	7
ICD Version	This field has no label. It is used to identify which ICD Version of Diagnosis code needs to be used in the search criteria. Valid values are BLANK, ICD-9 and ICD-10.	Combo Box	Drop Down List Box	0
NDC Code	The National Drug Code used to uniquely identify a drug.	Field	Character	11
Prior Authorization	This is the number assigned by the PA unit to uniquely identify a prior authorization request.	Field	N/A	10
Procedure Code	A code to uniquely identify a procedure.	Field	Character	6
Procedure Code Thru	The procedure code ending the procedure code range.	Field	Character	6
Provider ID	The provider identification number that uniquely identifies the provider. Also referred to as the Requesting or Prescribing provider.	Field	Character	15
Records	Allows the user to select the number of records to display per page.	Combo Box	Drop Down List Box	0
Revenue Code	This identifies a specific accommodation or ancillary service.	Field	Character	4
Revenue Code Thru	The revenue code ending the revenue code range.	Field	Character	4

Field	Description	Field Type	Data Type	Length
Reviewer	The identification number of the reviewer who reviewed the prior authorization.	Field	Character	8
Search	Initiates the search process.	Button	N/A	0
Service Provider	The provider identification number that uniquely identifies the service provider. Also referred to as the Performing, Rendering or Billing provider.	Field	Character	15
Status	The status of the PA line item.	Combo Box	Drop Down List Box	1

6.1.4 Prior Authorization Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Search	Button	1	At least one search criterion is required.	Enter at least one search criterion.
ICD Version	Combo Box	2	Diagnosis code required if ICD Version is not blank.	Enter a diagnosis code or select "BLANK" for the ICD Version.

6.1.5 Prior Authorization Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.1.6 Prior Authorization Search Panel Accessibility

6.1.6.1 To Access the Prior Authorization Search Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Search .	Prior Authorization Search panel displays.

6.2 PRIOR AUTHORIZATION SEARCH RESULTS PANEL OVERVIEW

6.2.1 Prior Authorization Search Results Panel Narrative

This displays the prior authorization Search Results.

This panel is display only.

Navigation Path: [Prior Authorization] – [Search] - [Search]

6.2.2 Prior Authorization Search Results Panel Layout

Search Results										
PA Number	Line Item	Authorized Eff. Date	Authorized End Date	Assignment Code	Provider	Service Provider	Service Code	Service Code Thru	Status	Current ID
0102042001	01	05/01/2001	07/31/2001	DME			NPI E0110		Approved	
0102043001	01	01/01/2001	12/31/2001	DME			NPI E0111		Approved	
0102043002	01	07/01/2001	07/31/2001	DME			NPI E0110		Approved	
0102071010	01	01/01/2001	02/02/2001	DME			NPI 32851		Approved	
0102072008	01	01/17/2001	01/18/2001	DME			NPI 21260		Approved	
0102073019	01	02/02/2001	02/03/2001	DME			NPI E1399		Approved	
0102073020	01	06/30/2001	06/30/2001	DME			NPI 21260		Approved	
0102086001	01	06/01/2001	06/01/2001	DME			NPI E1230		Approved	
0102086004	01	01/05/2001	01/05/2001	DME			NPI E1230		Approved	
0102086004	02	02/05/2001	02/05/2001	DME			NPI E1399		Approved	
0102087003	06	09/04/2000	09/04/2000	DME			NPI E1230		Approved	
0102087003	08	11/01/2000	11/01/2000	DME			NPI E1230		Approved	
0102087003	04	11/02/2000	11/02/2000	DME			NPI E1230		Approved	
0102087003	07	11/10/2000	11/10/2000	DME			NPI E1230		Approved	
0102087003	01	01/13/2001	01/14/2001	DME			NPI E1230		Approved	
0102087003	05	01/19/2001	01/19/2001	DME			NPI E1230	W4687	Approved	
0102087003	02	02/03/2001	02/03/2001	DME			NPI E1230		Canceled	
0102087003	03	02/12/2001	02/12/2001	DME			NPI E1230		Approved	
0102098001	01	07/01/2001	07/31/2001	DME			NPI 1000000371	NPI W0401	Approved	
0102099004	01	07/01/2001	07/01/2001	DME			NPI W0401		Approved	

6.2.3 Prior Authorization Search Results Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Assignment Code	The code that describes the type of prior authorization. Reference the Assignment panel for valid values.	Listview	Character	30
Authorized Eff. Date	Prior authorization authorized Effective (start) Date.	Listview	Date (MM/DD/CCYY)	8
Authorized End Date	Prior authorization authorized End Date.	Listview	Date (MM/DD/CCYY)	8
Current ID	The Recipient's Medicaid identification number.	Listview	Number (Integer)	12
Line Item	The sequence number for the services requested. It is used to uniquely identify prior authorization details that have been entered for the same PA.	Listview	Character	1

Field	Description	Field Type	Data Type	Length
PA Number	This is the number assigned by the PA unit to uniquely identify a prior authorization request.	Listview	Character	10
Provider	The provider identification number that uniquely identifies the provider. Also referred to as the Requesting or Prescribing provider.	Listview	Character	15
Service Code	This represents either the 4-digit Revenue Code, 6-digit Procedure Code or 11-digit NDC associated with the PA line item.	Listview	Character	11
Service Code Thru	The end of the service code range on the line item (if applicable). This includes Healthcare Common procedure Coding System (HCPSC) and Revenue codes.	Listview	Character	6
Service Provider	The provider identification number that uniquely identifies the service provider. Also referred to as the Performing, Rendering or Billing provider.	Listview	Character	15
Status	The status of a PA line item.	Listview	Character	20

6.2.4 Prior Authorization Search Results Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.2.5 Prior Authorization Search Results Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.2.6 Prior Authorization Search Results Panel Accessibility

6.2.6.1 To Access the Prior Authorization Search Results Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Search .	Prior Authorization Search panel displays.
3	Enter search criteria and click search on the Prior Authorization Search panel.	Entering search criteria and clicking search allows results to display that are based on the criteria entered.

6.3 MINI SEARCH PANEL OVERVIEW

6.3.1 Mini Search Panel Narrative

The Mini Search panel provides authorized users with the ability to inquire on a specific existing prior authorization request by entering the Prior Authorization Number. If an exact match is identified and only one line item is associated to the PA, the search returns the user to the PA Information page; otherwise the user is directed to the PA Search page.

This panel is inquiry only.

Navigation Path: [Prior Authorization] – [Information]

6.3.2 Mini Search Panel Layout



6.3.3 Mini Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Clears all of the search criteria fields.	Button	N/A	0
Prior Authorization	Number assigned by the prior authorization unit to a prior authorization request.	Field	Character	10
Search	Initiates the search process.	Button	N/A	0

6.3.4 Mini Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Search	Button	0	Prior Authorization not found.	Verify and re-type. There is no PA in history that matches the PA Number entered.

6.3.5 Mini Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.3.6 Mini Search Panel Accessibility

6.3.6.1 To Access the Mini Search Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Information .	Mini Search panel displays.

6.4 ATTACHMENT INFORMATION PANEL OVERVIEW

6.4.1 Attachment Information Panel Narrative

The Attachment Information panel provides information from the requester which informs the PA clerk that an attachment is available if requested. This provides the type and description of the attachment, which is indicated by the requester.

Only users with update authority are allowed to modify this panel.

NOTE:

This panel is for informational purposes only and does not contain actual electronic attachments from the requesting provider.

Navigation Path: [Prior Authorization] – [Information] – [Attachment Information]

6.4.2 Attachment Information Panel Layout

Line Item	Type	Transmission Code	Control Number	Description
1	Justification for Admission	E-Mail	123455	testing these featur
2	Blanket Test Results	Available on Request at Provider Site	159456	attachments
3	Continued Treatment	Voice	78945631	testing voicemail ls
4	Drugs Administered	Electronically Only	753159	electronically only

Select row above to update -or- click Add button below.

Line Item:

Type:

Transmission Code:

Control Number:

Description:

delete add

6.4.3 Attachment Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Click on the Add button on the panel to insert a new data record. A user must have proper permission to perform an add.	Button	N/A	0
Control Number	The attachment/paperwork identifier from the requesting provider's internal filing system (e.g. Document Control Number). This allows the requesting provider to more easily locate such documentation based on their internal filing system, if requested by the PA clerk.	Field	Character	80

Field	Description	Field Type	Data Type	Length
Delete	Click the Delete button on the panel to delete the selected data record. A data record from the list must be selected before a user can perform a delete. A user must have the proper permissions to perform a delete.	Button	N/A	0
Description	If needed, additional notes about the attachment/paperwork.	Field	Character	80
Line Item	This is the line number of the PA attachment text entered. It is used to uniquely identify rows of attachment text that may have been entered for the same PA.	Field	Number (Integer)	4
Transmission Code	Code defining timing, transmission method or format of attachment/paperwork.	Combo Box	Drop Down List Box	0
Type	Code describing the type of attachment/paperwork.	Combo Box	Drop Down List Box	0

6.4.4 Attachment Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Transmission Code	Field	2	A valid Transmission Code is required.	Select a valid attachment Transmission Code.
Type	Field	1	A valid Type is required.	Select a valid attachment Type.

6.4.5 Attachment Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.4.6 Attachment Information Panel Accessibility

6.4.6.1 To Access the Attachment Information Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.

Step	Action	Response
2	Point to Prior Authorization and click Information .	Prior Authorization Information page displays.
3	Click Attachment Information hyperlink on the Prior Authorization Maintenance panel.	Attachment Information panel displays.

6.4.6.2 To Add to the Attachment Information Panel

Step	Action	Response
1	Click Add .	Activates fields for entry of data or selection from lists.
2	Select Type from drop down list box.	
3	Select Transmission Code from drop down list box.	
4	Enter Control Number .	
5	Enter Description of the attachment.	
6	Click Save .	Attachment Information is saved.

6.4.6.3 To Update the Attachment Information Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click Save .	Attachment Information is saved.

6.4.6.4 To Delete from the Attachment Information Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click Delete .	'D' appears to the left of the line item to be deleted.
3	Click Save .	Line item is deleted.

6.5 CLAIM LIST PANEL OVERVIEW

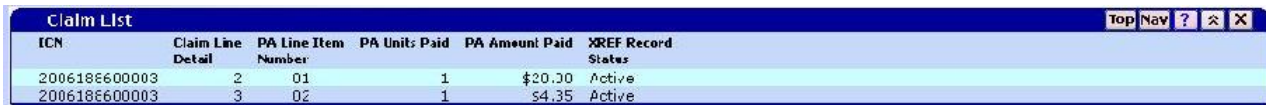
6.5.1 Claim List Panel Narrative

The Claim List panel displays Claim-to-PA cross reference information for claims that used a PA to pay. Clicking on any of the rows displayed within the Claim List panel displays the appropriate claim type.

This panel is display only.

Navigation Path: [Prior Authorization] – [Information] - [Claim List].

6.5.2 Claim List Panel Layout



ICN	Claim Line Detail	PA Line Item Number	PA Units Paid	PA Amount Paid	XREF Record Status
2006186600003	2	01	1	\$20.00	Active
2006186600003	3	02	1	\$4.35	Active

6.5.3 Claim List Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Claim Line Detail	The number associated with the selected claim detail.	Field	Number (Integer)	4
ICN	Internal Control Number (ICN) of the claim that is associated with the PA. Hyperlinks back to the claim details for the specified ICN.	Field	Character	13
PA Amount Paid	The up-to-date dollar amount used for a prior authorization line item per the detail line of a claim.	Field	Number (Decimal)	9
PA Line Item Number	Unique identifier for the prior authorization line item on which the claim paid against.	Field	Character	2
PA Units Paid	The up-to-date units used for a prior authorization line item per the detail line of a claim.	Field	Number (Decimal)	15
XREF Record Status	Indicates whether the cross-reference record is active or not. It will become inactive only after an adjustment to the claim is released. Only active rows are used in accumulating prior authorization used amounts and units.	Field	Character	8

6.5.4 Claim List Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.5.5 Claim List Panel Extra Feature

Field	Field Type
No extra features found for this panel.	

6.5.6 Claim List Panel Accessibility

6.5.6.1 To Access the Claim List Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Information .	Prior Authorization Information page displays.
3	Click Claim List hyperlink on the Prior Authorization Maintenance panel.	Claim List panel displays.

6.6 EXTERNAL TEXT PANEL OVERVIEW


6.6.1 External Text Panel Narrative

The External Text panel provides users with the ability to view, enter and modify external free form notes and comments associated with a prior authorization request. This information is printed on the PA Notice. The PA Unit users are able to enter as many as 540-bytes of text per entry. Multiple external text entries are permitted per PA request.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Prior Authorization] – [Information] - [External Text].

6.6.2 External Text Panel Layout



6.6.3 External Text Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Click on the Add button on the panel to insert a new data record. A user must have proper permission to perform an add.	Button	N/A	0
Delete	Click the Delete button on the panel to delete the selected data record. A data record from the list must be selected before a user can perform a delete. A user must have the proper permissions to perform a delete.	Button	N/A	0
External Text Description	The external free form text entered by the user. This information is printed on the PA Notice.	Field	Character	540
External Text Description (row summary)	The first 100 characters of the external free form text comment. This field is display only.	Field	Character	100
External Text Line Number (row summary)	The sequence number of the external free form text record. It is used to uniquely identify external free form text records that may have been entered	Field	Number (Integer)	4

Field	Description	Field Type	Data Type	Length
	for the same PA. The sequence numbering begins at 1. This field is display only, and is populated by the system.			

6.6.4 External Text Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
External Text Description	Field	5001	Description is required.	Enter a free form text comment or click 'Cancel' if external text is not required.

6.6.5 External Text Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.6.6 External Text Panel Accessibility

6.6.6.1 To Access the External Text Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Information .	Prior Authorization Information page displays.
3	Click External Text hyperlink on the Prior Authorization Maintenance panel.	External Text panel displays.

6.6.6.2 To Add to the External Text Panel

Step	Action	Response
1	Click Add .	Activates fields for entry of data or selection from lists.
2	Enter External Text Description .	
3	Click Save .	External Text information is saved.

6.6.6.3 To Update the External Text Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in description field.
2	Click in External Text Description field to update and perform update.	
3	Click Save .	External Text information is saved.

6.6.6.4 To Delete from the External Text Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click Delete .	'D' appears to the left of the line item to be deleted.
3	Click Save .	Line item is deleted.

6.7 INTERNAL TEXT PANEL OVERVIEW

6.7.1 Internal Text Panel Narrative

The Internal Text panel provides users with the ability to view, enter and modify internal free form notes and comments associated with a prior authorization request. This information is not printed on the PA Notice, or displayed externally. The PA Unit users are able to enter as many as 540-bytes of text per entry. Multiple internal text entries are permitted per PA request.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Prior Authorization] – [Information] - [Internal Text]

6.7.2 Internal Text Panel Layout

6.7.3 Internal Text Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Click on the Add button on the panel to insert a new data record. A user must have proper permission to perform an add.	Button	N/A	0
Date Entered (row summary)	The date the internal text comment was originally added. If the internal text comment is updated at a later date, this date is not updated. This field is display only, and is populated by the system.	Field	Date (MM/DD/CCYY)	8
Delete	Click the Delete button on the panel to delete the selected data record. A data record from the list must be selected before a user can perform a delete. A user must have the proper permissions to perform a delete.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
Description	The internal free form text entered by the user.	Field	Character	900
Description (row summary)	The first 100 characters of the internal free form text comment. This field is display only.	Field	Character	100
User ID Clerk (row summary)	The identification of the person who entered the internal text comment. This field is display only, and is populated by the system.	Field	Character	8

6.7.4 Internal Text Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	5001	Description is required.	Enter a free form text comment or click 'Cancel' if internal text is not required.

6.7.5 Internal Text Panel Extra Features

Field	Field Type
No extra features found for this page/panel.	

6.7.6 Internal Text Panel Accessibility

6.7.6.1 To Access the Internal Text Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Information .	Prior Authorization Information page displays.
3	Click Internal Text hyperlink on the Prior Authorization Maintenance panel.	Internal Text panel displays.

6.7.6.2 To Add to the Internal Text Panel

Step	Action	Response
1	Click Add .	Activates fields for entry of data or selection from lists.
2	Enter internal text Description .	
3	Click Save .	Internal Text information is saved.

6.7.6.3 To Update the Internal Text Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in description field.
2	Click in Description field to update and perform update.	
3	Click Save .	Internal Text information is saved.

6.7.6.4 To Delete from the Internal Text Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click Delete .	'D' appears to the left of the line item to be deleted.
3	Click Save .	Line item is deleted.

6.8 LINE ITEM PANEL OVERVIEW

6.8.1 Line Item Panel Narrative

The Line Item panel provides users with the ability to view, enter and modify service detail information on a prior authorization request. Each prior authorization allows up to 99 line items.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Prior Authorization] – [Information] - [Line Item]

6.8.2 Line Item Panel Layout

The screenshot displays the 'Line Item' panel interface. At the top, a table shows summary data for Line Item 01: Requested Units (13,000), Requested Dollars (\$0.00), Authorized Units (13,000), and Authorized Dollars (\$0.00). The Procedure Code is 90378 and the Status is 'Approved'. Below this, a large form area contains various input fields: Line Item (01), Service Type Code (dropdown), Procedure Code (with search), Thru Service (with search), NDC Code (with search), Revenue Code (with search), Revenue Code Thru (with search), Status (A - Approved), Requested Eff/EndDates, Requested Units/Dollars, Authorized Eff/EndDates, Authorized Units/Dollars, Payment Method (Pay Cap Amount dropdown), Balance Units/Dollars, and Quantity Used Units/Dollars. There are also fields for Modifier 1-4, Tooth 1-8, Quad, and NDC Lock. At the bottom, a 'Reason Code' section is visible with a dropdown and a message '*** No rows found ***'. Buttons for 'add', 'delete', and 'add' are located at the bottom right.

6.8.3 Line Item Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Click on the add button on the panel to insert a new data record. A user must have proper permission to perform an add.	Button	N/A	0
Authorized Eff/End Dates	Two date fields representing the authorized start and end dates for the PA line item.	Field	Date (MM/DD/CCYY)	8
Authorized Units/Dollars	Two fields representing the authorized units and/or dollars for the PA line item. Units permit a (15,3) data type and dollars permit a (9,2) data type.	Field	Number (Decimal)	15

Field	Description	Field Type	Data Type	Length
Balance Units/Dollars	Displays the fields representing the amount of units and/or dollars remaining for the PA line item. Units permit a (15,3) data type and dollars permit a (9,2) data type.	Field	Number (Decimal)	15
Delete	Click the Delete button on the panel to delete the selected reason code record. A reason code record from the list must be selected before a user can perform a delete. A user must have the proper permissions to perform a delete.	Button	N/A	0
Label Name	A combination of the drug name, the strength description, and the dosage form description.	Field	Character	35
Line Item	The sequence number for the services requested. It is used to uniquely identify prior authorization details that have been entered for the same PA. The sequence numbering begins at 1. This field is display only, and is populated by the system.	Field	Character	2
Modifier 1	A code used in combination with a procedure code to provide additional information regarding the procedure. This field will be disabled if a claim has paid against the line item.	Field	Character	2
Modifier 2	The secondary code used in combination with a procedure code to provide additional information regarding the procedure. This field will be disabled if a claim has paid against the line item.	Field	Character	2
Modifier 3	The tertiary code used in combination with a procedure code to provide additional information regarding the procedure. This field will be	Field	Character	2

Field	Description	Field Type	Data Type	Length
	disabled if a claim has paid against the line item.			
Modifier 4	The fourth code used in combination with a procedure code to provide additional information regarding the procedure. This field will be disabled if a claim has paid against the line item.	Field	Character	2
NDC Code	The National Drug Code used to uniquely identify a drug.	Field	Character	11
NDC Lock	If a National Drug Code (NDC) is displayed, the prior authorization is locked into the NDC that is listed. If a Generic Code Number (GCN) is displayed, then the authorization is for the GCN sequence number represented by the NDC entered in the service code. If a GC3 is displayed, then the authorization is for the therapeutic class represented by the NDC entered in the service code. This field is hidden unless the service code is an NDC.	Combo Box	Drop Down List Box	0
Payment Method	The method to be used when paying the authorized service. The payment method field is established to set either a system calculated price, a unit fee, or a cap amount. Pay Cap Amount - Allows only Authorized Dollars, no units. Pay Unit Fee - Requires both Authorized Units and Authorized dollars. Pay System Price - Allows only Authorized Units, no dollars.	Combo Box	Drop Down List Box	0
Procedure Code	A code to uniquely identify a procedure.	Field	Character	6
Procedure Description	The description of the Procedure Code for the selected line item	Field	Character	35

Field	Description	Field Type	Data Type	Length
Quad	A code used to identify the quadrant of the mouth where services are to be performed.	Field	Character	2
Quantity Used Units/Dollars	Displays the fields representing the amount of units and/or dollars used for the PA line item. Units permit a (15,3) data type and dollars permit a (9,2) data type.	Field	Number (Decimal)	15
Reason Code	The code that uniquely identifies a reason code used to document prior authorization decisions.	Combo Box	Drop Down List Box	0
Reason Description	The descriptive text associated with a reason code. This field is display only based on the reason code selected in the Reason Code field. Only a portion of the reason code description is displayed on the Reason Code panel.	Field	Character	500
Requested Eff/End Dates	Two date fields representing the requested start and end dates for the PA line item.	Field	Date (MM/DD/CCYY)	8
Requested Units/Dollars	Two fields representing the requested units and/or dollars for the PA line item. Units permit a (15,3) data type and dollars permit a (9,2) data type.	Field	Number (Decimal)	15
Revenue Code	This identifies a specific accommodation or ancillary service.	Field	Character	3
Revenue Code Thru	The code that identifies a specific accommodation or ancillary service that ends the revenue code range.	Field	Character	3
Revenue Description	The description of the Revenue Code for the selected line item	Field	Character	35
Service Type Code	Identifies if the prior authorization service line is a	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
	procedure, revenue or drug code.			
Status	The status of a PA line item.	Combo Box	Drop Down List Box	0
Thru Service	This is the procedure code ending the procedure code range that is used at the line item level on a PA.	Field	Character	6
Tooth 1	Tooth number used in combination with a procedure code to provide more information concerning the service.	Field	Character	2
Tooth 2	Tooth number used in combination with a procedure code to provide more information concerning the service.	Field	Character	2
Tooth 3	Tooth number used in combination with a procedure code to provide more information concerning the service.	Field	Character	2
Tooth 4	Tooth number used in combination with a procedure code to provide more information concerning the service.	Field	Character	2
Tooth 5	Tooth number used in combination with a procedure code to provide more information concerning the service.	Field	Character	2
Tooth 6	Tooth number used in combination with a procedure code to provide more information concerning the service.	Field	Character	2
Tooth 7	Tooth number used in combination with a procedure code to provide more	Field	Character	2

Field	Description	Field Type	Data Type	Length
	information concerning the service.			
Tooth 8	Tooth number used in combination with a procedure code to provide more information concerning the service.	Field	Character	2

6.8.4 Line Item Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Authorized Eff/End Dates	Field	0	Authorized dates overlap existing PA for NDC.	Enter valid Authorized Eff/End Dates.
	Field	5015	Authorized Eff Date must be greater than or equal to 01/01/1900.	Enter date greater than or equal to 01/01/1900.
	Field	5115	Authorized End Date must be greater than or equal to 01/01/1900.	Enter date greater than or equal to 01/01/1900.
	Field	5501	Invalid date. Format is MM/DD/CCYY.	Verify and re-enter date(s) in valid format.
	Field	5502	Invalid Authorized Effective Date - cannot exclude a paid claim.	Enter valid Authorized Effective Date.
	Field	5503	Invalid Authorized End Date - cannot exclude a paid claim.	Enter valid Authorized End Date.
	Field	1	Assignment Type invalid for Recipient with RCO coverage for PA date of service.	If the PA requested effective date falls within the recipient's active assignment to an RCO, verify PA requested date. If entered incorrectly, re-enter the date. If entered correctly, the PA request should be submitted with the RCO on file.
Authorized Units/Dollars	Field	1	Authorized Dollars must be 0 if 'Pay System Price' is selected as payment method.	Remove Authorized Dollars entry or change payment method selection.
	Field	2	Authorized Units must be present.	Enter value for units. Required if Payment Method is either Pay System Price or Pay Unit

Field	Field Type	Error Code	Error Message	To Correct
				Fee and Status is Approved.
	Field	3	Authorized Dollars must be present.	Enter dollar amount. Required if Payment Method is either Pay Unit Fee or Pay Cap Amount and Status is Approved.
	Field	4	Authorized Units must be 0 if 'Pay Cap Amount' is selected as payment method.	Enter zero for Authorized Units if Payment Method is Pay Cap Amount.
	Field	5500	Enter a valid value.	Authorized Units and Dollars must be numeric. Verify and re-enter value(s).
Modifier 1	Field	1	Duplicate Modifier on same Line Item.	Remove Duplicate Modifier code on the line item.
	Field	5504	Procedure code and modifier combination invalid, please resubmit with the required modifier for the procedure code.	Enter valid Modifier for this Procedure Code
	Field	1000	Modifier 1 is not found.	Enter a valid Modifier or select one from the search list.
Modifier 2	Field	0	Modifier 2 is not found.	Enter a valid Modifier or select one from the search list.
	Field	2	Duplicate Modifier on same Line Item.	Remove Duplicate Modifier code on the line item.
	Field	5505	Procedure code and modifier combination invalid, please resubmit with the required modifier for the procedure code.	Enter valid Modifier for this Procedure Code
Modifier 3	Field	0	Modifier 3 is not found.	Enter a valid Modifier or select one from the search list.
	Field	2	Duplicate Modifier on same Line Item.	Remove Duplicate Modifier code on the line item.
	Field	5506	Procedure code and modifier combination	Enter valid Modifier for this Procedure Code

Field	Field Type	Error Code	Error Message	To Correct
			invalid, please resubmit with the required modifier for the procedure code.	
Modifier 4	Field	0	Modifier 4 is not found.	Enter a valid Modifier or select one from the search list.
	Field	2	Duplicate Modifier on same Line Item.	Remove Duplicate Modifier code on the line item.
	Field	5507	Procedure code and modifier combination invalid, please resubmit with the required modifier for the procedure code.	Enter valid Modifier for this Procedure Code
NDC Code	Field	0	NDC Code must be present.	Enter a valid NDC when the Service Type Code selected is NDC Code.
	Field	1	Invalid NDC Code.	Enter a valid NDC or select one from the search list.
NDC Lock	Field	-1	The NDC entered does not have an associated therapeutic class.	Verify the NDC entered or select another value from the drop down list.
	Field	0	The NDC entered does not have an associated generic drug code.	Verify the NDC entered or select another value from the drop down list.
	Field	1	NDC Lock is required when NDC Code is entered.	Select a value from the NDC Lock field.
Procedure Code	Field	0	Procedure Code must be present.	Enter a Procedure Code when the Service Type Code selected is Procedure Code.
	Field	1000	Invalid Procedure Code.	Enter a valid Procedure or select one from the search list.
Quad	Field	1000	Invalid Quadrant Code.	Enter a valid tooth Quadrant or select one from the search list.
Reason Code	Field	1	A reason code must be entered for a status of Denied.	Select a reason code in the range of 300-499 for a status of denied.
	Field	2	Reason Code segments contains duplicates.	Verify keying. The information entered already exists. Cannot

Field	Field Type	Error Code	Error Message	To Correct
				add a reason code that already exists for the line item.
Requested Eff/End Dates	Field	1	Warning: The Recipient may have TPL coverage for the Authorized Effective Date.	Select Ignore and click continue.
	Field	2	Warning: The Recipient may have Medicare for the Authorized Effective Date.	Select Ignore and click continue.
	Field	3	The Recipient does not have an active eligibility period that covers the Authorized effective date.	Enter the Authorized Effective Date for which the recipient has active eligibility period.
	Field	4	Warning: The Service Provider does not have an active eligibility period that covers the Authorized effective date.	Select ignore and click continue.
	Field	5	Requested Eff Date is required.	Enter a Requested Effective Date.
	Field	6	Requested End Date is required.	Enter a Requested End Date.
	Field	7	Requested Effective Dates invalid for Diagnosis ICD version selected, please correct.	If Diagnosis code has a version as ICD-9 the Required Effective date should be Less than or Equal to the ICD-9 Diagnosis End Date. If Diagnosis code has a version as ICD-10 the Required Effective date should be Greater than or Equal to the ICD-10 Diagnosis Implementation Date.
	Field	5015	Requested End Date must be greater than or equal to 01/01/1900.	Enter date greater than or equal to 01/01/1900.
	Field	5115	Requested Eff Date must be greater than or equal to 01/01/1900.	Enter date greater than or equal to 01/01/1900.
	Field	5501	Invalid date. Format is MM/DD/CCYY.	Verify and re-enter date(s) in valid format.
Requested Units/Dollars	Field	1	Either Requested Units or Requested Dollars must be present.	Enter either Requested Units or Requested Dollars.

Field	Field Type	Error Code	Error Message	To Correct
	Field	2	Requested Units is only allowed to have 3 decimal places.	Enter Requested Units with at least 3 decimal places.
	Field	3	Authorized Units is only allowed to have 3 decimal places.	Enter Authorized Units with at least 3 decimal places.
	Field	4	Requested Units must be less than or equal to 9999999.999.	Enter Requested Units equal to or less than 9,999,999.999.
	Field	5	Authorized Units must be less than or equal to 9999999.999.	Enter Authorized Units equal to or less than 9,999,999.999.
	Field	5500	Enter a valid value.	Requested Units and Dollars must be numeric. Verify and re-enter value(s).
Revenue Code	Field	0	Revenue Code must be present.	Enter a Revenue Code when the Service Type Code selected is Revenue Code.
	Field	1	Invalid Revenue Code.	Enter a valid Revenue code or select one from search list.
Service Type Code	Field	5001	Service Type Code is required.	Select a Service Type Code.
Status	Field	1	Reason Code For Approved Status Must Be Between 100 to 299.	Select a Reason Code between 100 to 299 when the status is approved.
	Field	2	Reason Code For Denied Status Must Be Between 300 to 499.	Select a Reason Code between 300 to 499 when the status is denied.
	Field	5	Reason Code For Pending Status Must Be Between 600 to 699.	Select a Reason Code between 600 to 699 when the status is pending.
	Field	5029	A valid Status is required.	Select a valid Status from the list.
Thru Service	Field	0	Invalid Procedure Code range.	Enter a valid Thru Service or select one from the search list.
Tooth 1	Field	1	Invalid Tooth number.	Enter a valid Tooth or select one from search list.
Tooth 2	Field	1	Invalid Tooth2 number.	Enter a valid Tooth or select one from search list.

Field	Field Type	Error Code	Error Message	To Correct
Tooth 3	Field	1	Invalid Tooth3 number.	Enter a valid Tooth or select one from search list.
Tooth 4	Field	1	Invalid Tooth4 number.	Enter a valid Tooth or select one from search list.
Tooth 5	Field	1	Invalid Tooth5 number.	Enter a valid Tooth or select one from search list.
Tooth 6	Field	1	Invalid Tooth6 number.	Enter a valid Tooth or select one from search list.
Tooth 7	Field	1	Invalid Tooth7 number.	Enter a valid Tooth or select one from search list.
Tooth 8	Field	1	Invalid Tooth8 number.	Enter a valid Tooth or select one from search list.

6.8.5 Line Item Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.8.6 Line Item Panel Accessibility

6.8.6.1 To Access the Line Item Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Information .	Prior Authorization Information page displays.
3	Click Line Item hyperlink on the Prior Authorization Maintenance panel.	Line Item panel displays.

6.8.6.2 To Add to the Line Item Panel

Step	Action	Response
1	Click Add .	Activates fields for entry of data or selection from lists.
2	Select Service Type Code from drop down list.	Fields not related to the value selected becomes inactive.
3	Enter Procedure Code ; Or click [search] to select a Procedure Code from the list.	Clicking [search] opens the Procedure Code search panel.

Step	Action	Response
4	Enter Modifier 1 ; Or click [search] to select a Modifier from the list.	Clicking [search] opens the Modifier 1 search panel.
5	Enter Modifier 3 ; Or click [search] to select a Modifier from the list.	Clicking [search] opens the Modifier 3 search panel.
6	Enter Tooth 1 ; Or click [search] to select a Tooth Number from the list.	Clicking [search] opens the Tooth 1 search panel.
7	Enter Tooth 3 ; Or click [search] to select a Tooth Number from the list.	Clicking [search] opens the Tooth 3 search panel.
8	Enter Tooth 5 ; Or click [search] to select a Tooth Number from the list.	Clicking [search] opens the Tooth 5 search panel.
9	Enter Tooth 7 ; Or click [search] to select a Tooth Number from the list.	Clicking [search] opens the Tooth 7 search panel.
10	Enter Quad ; Or click [search] to select a Tooth Quadrant from the list.	Clicking [search] opens the Quad search panel.
11	Select NDC Lock from drop down list.	
12	Enter Revenue Code ; Or click [search] to select a Revenue Code from the list.	Clicking [search] opens the Revenue Code search panel.
13	Select Status from drop down list.	
14	Enter Thru Service ; Or click [search] to select a Procedure Code from the list.	Clicking [search] opens the Thru Service search panel.
15	Enter Modifier 2 ; Or click [search] to select a Modifier from the list.	Clicking [search] opens the Modifier 2 search panel.
16	Enter Modifier 4 ; Or click [search] to select a Modifier from the list.	Clicking [search] opens the Modifier 4 search panel.
17	Enter Tooth 2 ; Or click [search] to select a Tooth Number from the list.	Clicking [search] opens the Tooth 2 search panel.
18	Enter Tooth 4 ; Or click [search] to select a Tooth Number from the list.	Clicking [search] opens the Tooth 4 search panel.
19	Enter Tooth 6 ; Or click [search] to select a Tooth Number from the list.	Clicking [search] opens the Tooth 6 search panel.
20	Enter Tooth 8 ; Or click [search] to select a Tooth Number from the list.	Clicking [search] opens the Tooth 8 search panel.

Step	Action	Response
21	Enter NDC Code ; Or click [search] to select an NDC Code from the list.	Clicking [search] opens the NDC Code search panel.
22	Enter Revenue Code Thru ; Or click [search] to select a Revenue Code from the list.	Clicking [search] opens the Revenue Code Thru search panel.
23	Enter Requested Effective Date in MM/DD/CCYY format.	
24	Enter Requested End Date in MM/DD/CCYY format.	
25	Enter Requested Units .	
26	Enter Requested Dollars .	
27	Enter Authorized Effective Date in MM/DD/CCYY format.	
28	Enter Authorized End Date in MM/DD/CCYY format.	
29	Enter Authorized Units .	
30	Enter Authorized Dollars .	
31	Select Payment Method from drop down list box.	
32	Click Add to add a reason code to the corresponding line item.	Activates fields for entry of data or selection from lists.
33	Select a Reason Code from drop down list box.	Reason Code description field is populated.
34	Click Save .	Line Item information is saved.

6.8.6.3 To Update the Line Item Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click Save .	Line Item information is saved.

6.8.6.4 To Delete from the Line Item Panel

Step	Action	Response
1	Click a reason code line item to be deleted.	Fields are populated with data related to the reason code line selected.
2	Click Delete .	'D' appears to the left of the reason code line item to be deleted.
3	Click Save .	Reason Code line item is deleted.

6.9 NON MEDICAID PROVIDER PANEL OVERVIEW

6.9.1 Non Medicaid Provider Panel Narrative

The Non Medicaid Provider panel provides users the ability to view, enter and modify, state license, name and address information for Requesting providers that are not enrolled in the Medicaid program. This allows the PA Unit to contact the requesting provider if there are questions.

Only users with update authority are allowed to modify this panel.

Navigation: [Prior Authorization] – [Information] - [Non Medicaid Provider]

6.9.2 Non Medicaid Provider Panel Layout

6.9.3 Non Medicaid Provider Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Click on the add button on the panel to insert a new data record. A user must have proper permission to perform an add.	Button	N/A	0
Address 1	The primary street address of the Non Medicaid Provider.	Field	Character	30
Address 2	The secondary address of the Non Medicaid Provider.	Field	Character	30
Address Type	This indicates the type of Non Medicaid Provider record. (Read-Only and defaulted to Requesting Provider.)	Combo Box	Drop Down List Box	0
City	Represents the mailing address City for the non-Medicaid provider requesting prior authorization.	Field	Character	15
Delete	Click the Delete button on the panel to delete the selected data record. Prior to saving the delete request, a user must enter a Provider ID on the Base Information panel to track the requesting/prescribing provider. A user	Button	N/A	0

Field	Description	Field Type	Data Type	Length
	must also have the proper permissions to perform a delete.			
License Number	The provider's license number. This field is informational only, and can hold any identifier the PA Unit wishes to capture. The information entered in this field is not validated by the provider system.	Field	Character	10
Phone/Ext	A 10-digit phone number (including area code), and the optional phone extension of the non-Medicaid provider requesting prior authorization.	Field	Character	14
Provider Name	The name of the Non Medicaid provider.	Field	Character	39
State	The State mailing address for the non-Medicaid provider requesting prior authorization.	Combo Box	Drop Down List Box	0
Zip	The Zip Code plus the 4-digit optional Zip Code Extension mailing address for the non-Medicaid provider requesting the prior authorization.	Field	Number (Integer)	9

6.9.4 Non Medicaid Provider Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
License Number	Field	0	License Number is required.	Enter a valid License Number.
Phone/Ext	Field	5018	Enter a valid value.	Enter a 10-digit numeric value.
Provider Name	Field	5001	Provider Name is required.	Enter the provider's name.
Zip	Field	0	Enter a valid value.	Enter a numeric 5-digit zip code.

6.9.5 Non Medicaid Provider Extra Features

Field	Field Type
No extra features found for this panel.	

6.9.6 Non Medicaid Provider Accessibility

6.9.6.1 To Access the Non Medicaid Provider Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Information .	Prior Authorization Information page displays.
3	Click Non Medicaid Provider hyperlink on the Prior Authorization Maintenance panel.	Non Medicaid Provider panel displays.

6.9.6.2 To Add to the Non Medicaid Provider Panel

Step	Action	Response
1	Click Add .	Activates fields for entry of data or selection from lists.
2	Enter License Number .	
3	Enter Provider Name .	
4	Enter Address 1 .	
5	Enter Address 2 .	
6	Enter City .	
7	Select State from drop down list box.	
8	Enter Zip and Zip+4 .	
9	Enter Phone number and Extension .	
10	Click Save .	Non Medicaid Provider information is saved.

6.9.6.3 To Update the Non Medicaid Provider Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click Save .	Non Medicaid Provider information is saved.

6.9.6.4 To Delete from the Non Medicaid Provider Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click Delete .	'D' appears to the left of the line item to be deleted.
3	Enter a Provider ID also referred to as the Requesting or Prescribing provider; Or click [search] to select a Provider ID from the list on the Base Information panel.	Clicking [search] opens the Provider ID search panel.
4	Click Save .	Line item is deleted.

6.10 SUPER PA PANEL OVERVIEW

6.10.1 Super PA Panel Narrative

The Super PA panel provides authorized users with the ability to view and enter claim error status codes for pharmacy prior authorization requests, allowing pharmacy claims to be overridden during claims processing. This replaces the current usage of the following hard DUR alert codes: Therapeutic Duplicate (TD) and Early Refill (ER).

Only users with update authority are allowed to modify this panel.

In order for an error status code to be overridden during claims processing using Super PA, the following conditions must be true:

- The Super PA must be set up for error code 7003 to override DUR alerts TD or ER.
- Claim type must be Pharmacy.

In addition, the Override Day Supply Edit indicator must be set to "Yes" in Reference for the NDC that is billed on the claim if related to the edit entered on the Super PA panel.

Navigation: [Prior Authorization] – [Information] - [Super PA]

6.10.2 Super PA Panel Layout

6.10.3 Super PA Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Click on the add button on the panel to insert a new data record. A user must have proper permission to perform an add.	Button	N/A	0
Date Added [List]	The date the edit was added to the PA.	Field	Date (MM/DD/CCYY)	8
Delete	Click the Delete button on the panel to delete the selected data record. Prior to saving the delete request, a user must enter a Provider ID on the Base Information panel to track the requesting/prescribing provider.	Button	N/A	0

Field	Description	Field Type	Data Type	Length
	A user must also have the proper permissions to perform a delete.			
Description [List]	The description of the error status code.	Field	Character	32
Error Code	The error status code that is overridden for this prior authorization.	Field	Number (Integer)	5
Error Code (row summary)	The claims error code that is set up to be overridden by this Super PA. This field is display only.	Field	Number (Integer)	5

6.10.4 Super PA Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Error Code	Field	0	A valid Error Code is required.	Enter a valid claim error code or select one from the search list.
	Field	1	A duplicate record cannot be saved.	Verify and re-type. The error code already exists on the Super PA record.

6.10.5 Super PA Panel Extra Features

Field	Field Type
No extra features found for this page/panel.	

6.10.6 Super PA Panel Accessibility

6.10.6.1 To Access the Super PA Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Information .	Prior Authorization Information page displays.
3	Click Base Information hyperlink on the Prior Authorization Maintenance panel.	Base Information panel displays.

Step	Action	Response
4	Select Pharmacy from the PA Assignment field and tab to the next field.	Super PA hyperlink becomes activated.
5	Click Super PA hyperlink on the Prior Authorization Maintenance panel.	Super PA panel displays.

6.10.6.2 To Add to the Super PA Panel

Step	Action	Response
1	Click Add .	Activates fields for entry of data or selection from lists.
2	Enter the Error Code ; Or click [search] to select an Error Code from the list.	Clicking [search] opens the Error Code search panel.
3	Click Save .	Super PA information is saved.

6.10.6.3 To Delete from the Super PA Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click Delete .	'D' appears to the left of the line item to be deleted.
3	Click Save .	Line item is deleted.

6.11 PRIOR AUTHORIZATION INFORMATION PANEL OVERVIEW

6.11.1 Prior Authorization Information Panel Narrative

The Prior Authorization Information panel displays a summary of the prior authorization record.

This panel is display only.

Navigation: [Prior Authorization] – [Information]

NOTE:

If navigating directly to the PA Information panel without selecting a PA, the Information Panel defaults to "add" mode.

6.11.2 Prior Authorization Information Panel Layout

Prior Authorization Information				
PA Number		Current ID		Provider ID
Reviewer		Last Name		Provider Name
Review Date		First Name		Provider Phone #
PA Assignment		DOB		Provider Toll Free #
Fund Code		Clerk Keyed		Service Provider Check
ICD Version	<input type="text"/>	Date Keyed	11/04/2013	Service Provider
Diagnosis		Date Received	11/04/2013	Service Provider Name
Update Received		Media Type		Internal Text <input type="checkbox"/>
Update Reviewed		Analyst		Reason Code / External Text List <input type="checkbox"/>
Accident	NO	Date Mailed		Super PA <input type="checkbox"/>
Special Considerations	NO	Print Option	NO PRINT	
Emergency Supply	NO			

6.11.3 Prior Authorization Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Accident	Indicator signifies if the prior authorization was precipitated by an accident.	Field	Character	1
Analyst	Identification number of the Analyst that entered the prior authorization.	Field	Character	6
Clerk Keyed	Identification number of the clerk who entered the prior authorization.	Field	Character	6
Current ID	The recipient's current Medicaid ID.	Field	Number (Integer)	12

Field	Description	Field Type	Data Type	Length
Date Keyed	Date the prior authorization was entered.	Field	Date (MM/DD/CCYY)	8
Date Mailed	Date a prior authorization notice was sent to the provider and recipient for either an original PA request or a PA update. Note: A notice is only sent to a recipient if the PA Assignment is Private Duty Nursing or a line item was denied.	Field	Date (MM/DD/CCYY)	8
Date Received	The date the prior authorization was received.	Field	Date (MM/DD/CCYY)	8
Diagnosis	A code used to identify the Diagnosis (condition requiring medical attention). Represents a medical classification of a disease or condition according to ICD.	Field	Character	7
DOB	Recipient's date of birth.	Field	Date (MM/DD/CCYY)	8
Emergency Supply	Indicator used to identify if the authorization is related to an emergency. Valid values include Yes or No.	Field	Character	1
First Name	First name of the recipient.	Field	Character	15
Fund Code	Fund code for the PA.	Field	Number (Integer)	3
ICD Version	This field is read only. It is used to display the ICD Version of Diagnosis code. Valid values are Blank, ICD-9, ICD-10.	Label	N/A	0
Internal Text	Box is checked if there are any internal text items.	Combo Box	Checkbox	0
Last Name	Last name of the recipient.	Field	Character	15

Field	Description	Field Type	Data Type	Length
Media Type	Communication type used to identify how a PA was added to the system.	Field	Character	9
PA Assignment	Code that describes the type of prior authorization. Reference the Assignment panel for valid values.	Field	Character	30
PA Number	Number assigned by the PA unit to uniquely identify a prior authorization request.	Field	Character	10
Print Option	Indicator used to say whether a prior authorization notice is to be mailed to the provider. Saving a PA with the value 'Batch' generates a decision letter printed and mailed by DXC.	Field	Character	1
Provider ID	The provider identification number that uniquely identifies the provider. Also referred to as the Requesting or Prescribing provider.	Field	Character	15
Provider Name	The provider name associated to the Provider ID. Also referred to as the Requesting or Prescribing provider.	Field	Character	35
Provider Phone #	Provider's Phone Number.	Field	Character	10
Provider Toll Free #	Provider's Toll Free Number.	Field	Character	10
Reason Code / External Text List	Box is checked if there are any external text items.	Combo Box	Checkbox	0
Review Date	The date the prior authorization was reviewed.	Field	Date (MM/DD/CCYY)	8

Field	Description	Field Type	Data Type	Length
Reviewer	Identification number of the user who reviewed the prior authorization.	Field	Character	6
Service Provider	The provider identification number that uniquely identifies the service provider. Also referred to as the Performing, Rendering or Billing provider.	Field	Character	15
Service Provider Name	The provider name associated to the Service Provider ID. Also referred to as the Performing, Rendering or Billing provider.	Field	Character	35
Service Provider Check	Indicates the type of provider validation performed on a prior authorization.	Field	Character	30
Special Considerations	Indicator signifies if there are special circumstances surrounding the prior authorization.	Field	Character	1
Super PA	Box is checked if there are any Super prior authorization items.	Combo Box	Checkbox	0
Update Received	Date that the reviewer received a prior authorization update request from the provider.	Field	Date (MM/DD/CCYY)	8
Update Reviewed	Date that the reviewer reviewed a prior authorization system update request sent in by the provider.	Field	Date (MM/DD/CCYY)	8

6.11.4 Prior Authorization Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.11.5 Prior Authorization Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.11.6 Prior Authorization Information Panel Accessibility

6.11.6.1 To Access the Prior Authorization Information

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Information .	Prior Authorization Information panel displays.

6.12 PRIOR AUTHORIZATION MAINTENANCE PANEL OVERVIEW

6.12.1 Prior Authorization Maintenance Panel Narrative

The Prior Authorization maintenance panel contains navigation links to information in relation to a prior authorization request.

This panel is inquiry only.

Navigation Path: [Prior Authorization] – [Information]

6.12.2 Prior Authorization Maintenance Panel Layout

6.12.3 Prior Authorization Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Attachment Information	Links to the Attachment Information panel.	Hyperlink	N/A	0
Base Information	Links to the Base Information panel.	Hyperlink	N/A	0
Cancel	Click on the Cancel button to cancel all changes applied to all panels on the page.	Hyperlink	N/A	0
Claim List	Links to the Claim List panel.	Hyperlink	N/A	0
External Text	Links to the External Text panel.	Hyperlink	N/A	0
Internal Text	Links to the Internal text panel.	Hyperlink	N/A	0
Line Item	Links to the Line Item panel.	Hyperlink	N/A	0
New	Links the user to the Information page where they are able to enter a new prior authorization.	Button	N/A	0
Non Medicaid Provider	Links to the Non Medicaid Provider panel.	Hyperlink	N/A	0
Save	Saves the current panel information as it relates to a prior authorization record.	Button	N/A	0
Super PA	Links to the Super PA panel.	Hyperlink	N/A	0

6.12.4 Prior Authorization Maintenance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this panel.				

6.12.5 Prior Authorization Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.12.6 Prior Authorization Maintenance Panel Accessibility

6.12.6.1 To Access the Prior Authorization Maintenance Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Information .	Prior Authorization Maintenance panel displays.

6.13 BASE INFORMATION PANEL OVERVIEW

6.13.1 Base Information Panel Narrative

The Base Information panel provides users with the ability to view, enter and modify header level information on a prior authorization request.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Prior Authorization] – [Information] - [Base Information]

6.13.2 Base Information Panel Layout

6.13.3 Base Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Accident	Indicator specifies if the Prior Authorization request was precipitated by an accident.	Combo Box	Drop Down List Box	0
Attachments	This link opens up PA letters from the FEITH database. Attachments link is enabled only if documents are available.	Hyperlink	N/A	0
Current ID	The Recipient's Medicaid identification number. The Search function is available on this field. This field will be disabled if a claim has paid against this PA.	Field	Character	12
Diagnosis	Code that represents the medical classification of a disease or condition according to ICD-9-CM.	Field	Character	7
Electronic	This link opens up electronic PA information documents from FEITH database. Electronic link is enabled only if documents are available.	Hyperlink	N/A	0
Emergency	This indicator is used to identify the authorization as an emergency 72-hour supply of drugs.	Combo Box	Drop Down List Box	0

Field	Description	Field Type	Data Type	Length
Letter	This link opens up claim related documents from the FEITH database. Letter link is enabled only if documents are available.	Hyperlink	N/A	0
PA Assignment	Code that describes the type of prior authorization. Reference the Assignment panel for valid values.	Combo Box	Drop Down List Box	0
PA Number	This is the number assigned by the PA unit to uniquely identify a Prior Authorization request.	Field	Character	10
Print Option	Indicator used to say whether a prior authorization (PA) notice is to be mailed to the provider. Saving a PA with the value 'Batch' generates a decision letter printed and mailed by DXC.	Combo Box	Drop Down List Box	0
Provider ID	The requesting provider's identification number. The provider ID entered can be either the National Provider Identifier (NPI) or the Medicaid ID (MCD). The Search function is available on this field. When a provider record is selected from the Provider ID search, the providers NPI number is populated back onto the Base Information panel in the Provider ID field. The 3-character provider ID type identifier appears as a hyperlink to the right of the field once a value is entered or selected. Provider ID is also referred to as the Requesting or Prescribing provider.	Field	Character	15
Reviewer	The identification (ID) of the clerk assigned to review the prior authorization.	Field	Character	8
Reconsideration	This link opens up documents from the FEITH database. This link is enabled only if documents are available.	Hyperlink	N/A	0

Field	Description	Field Type	Data Type	Length
Service Provider Check	The Service Provider Check field is an indicator specifying the type of provider validation required, which is automatically selected based on the following logic. If the PA Assignment equals 02 (Surgical), 'All Service Providers' is selected, which allows claims to adjudicate against the PA regardless if the Billing Provider matches the Service Provider ID. If the PA Assignment does not equal '02', the value is selected based on the type of ID in the Service Provider ID field. NPI = Same NPI Providers, MCD = Specified Service Provider and BSE = Same Base ID Providers.	Combo Box	Drop Down List Box	0
Service Provider ID	The service provider's identification number. The provider ID entered can be either the National Provider Identifier (NPI) or the Medicaid ID (MCD). The Search function is available on this field. When a provider record is selected from the Provider ID search, the providers NPI number is populated back onto the Base Information panel in the Provider ID field. The 3-character provider ID type identifier appears as a hyperlink to the right of the field once a value is entered or selected. If the PA Assignment selected does not require a service provider, this field becomes disabled. This field will be disabled if a claim has paid against the PA. Service Provider is also referred to as the Performing, Rendering or Billing provider.	Field	Character	15
Special Considerations	Indicator specifies if there are any special circumstances surrounding the Prior Authorization.	Combo Box	Drop Down List Box	0
Update Received	Date that the reviewer received a prior authorization update request from the provider.	Field	Date (MM/DD/CCYY)	10

Field	Description	Field Type	Data Type	Length
Update Reviewed	Date that the reviewer reviewed a prior authorization system update request sent in by the provider.	Field	Date (MM/DD/CCYY)	10
(provider ID type identifier)	This is a 3-character code that identifies the provider ID type in the provider ID field to the left. When the user clicks on the code, the Provider ID pop-up panel opens displaying all the provider IDs and types for this provider. The user can select any of these values to populate that ID in the provider ID field.	Hyperlink	N/A	3

6.13.4 Base Information Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Current ID	Field	5029	A valid Current ID is required.	Enter a valid recipient ID or select one from the search list.
Diagnosis	Field	0	Need valid Diagnosis.	Enter a valid diagnosis code or select one from the search list.
PA Assignment	Field	5	PA Assignment requires a service provider to be entered.	Verify Service Provider ID.
	Field	5029	A valid PA Assignment is required.	Select an assignment from the drop down list.
PA Number	Field	0	PA number region is invalid for assignment code selected.	Enter a valid PA number which is in the range of the Assignment Code selected.
	Field	1	PA Julian Date is invalid.	Enter a PA with valid Julian date in it.
Provider ID	Field	0	Enter either a Requesting Provider on the Base Information panel or a Non-Medicaid Requesting Provider record.	Enter a valid ID for an enrolled provider, or create a Non-Medicaid record.
	Field	1	Need valid Provider ID.	Enter a valid ID for an enrolled provider, or select one from the search list.
Service Provider Check	Field	1	Service Provider ID must be an NPI ID or a MCD ID.	Enter a valid NPI or Medicaid ID and change the Service Provider Check selection accordingly.
	Field	2	At least one Line Item must be added.	Enter at least one Line Item.

Field	Field Type	Error Code	Error Message	To Correct
Service Provider ID	Field	0	PA Assignment requires a service provider to be entered.	Enter an enrolled provider ID or select one from the search list.
	Field	2	Need valid Service Provider ID.	Enter a valid enrolled provider ID or select one from the search list.
Update Received	Field	1	Update Received Date cannot be greater than today's date.	Enter a date that is less than or equal to Today's date.
	Field	5015	Update Received must be greater than or equal to 01/01/1900.	Enter a date that is greater than or equal to 01/01/1900.
	Field	5501	Invalid Date.	Verify and re-enter date in valid format.
	Field	5502	Update Received [date] must be less than or equal to Update Reviewed [date].	Verify and re-enter Update Received and Update Reviewed dates.
Update Reviewed	Field	1	Update Review Date cannot be less than PA Received Date.	Enter a Review Date that is greater than the PA Received Date.
	Field	2	Update Reviewed Date cannot be greater than today's date.	Enter a Reviewed Date that is less than or equal to the current date.
	Field	5015	Update Reviewed must be greater than or equal to 01/01/1900.	Enter a date that is greater than or equal to 01/01/1900.
	Field	5501	Invalid Date.	Verify and re-enter date in valid format.

6.13.5 Base Information Panel Extra Feature

Field	Field Type
No extra features found for this panel.	

6.13.6 Base Information Panel Accessibility

6.13.6.1 To Access the Base Information Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Information .	Prior Authorization Information page displays.
3	Click Base Information hyperlink on the Prior Authorization Maintenance panel.	Base Information panel displays.

Step	Action	Response
4	Click Attachments hyperlink on the Base information panel	Attachment related FEITH document will be displayed.
5	Click Letter hyperlink on the Base information panel	Letter related FEITH document will be displayed.
6	Click Electronic hyperlink on the Base information panel	Electronic related FEITH document will be displayed.
7	Click Reconsideration hyperlink on the Base information panel	FEITH document will be displayed.

6.13.6.2 To Add to the Base Information Panel

Step	Action	Response
1	Enter PA Number .	
2	Enter Provider ID also referred to as the Requesting or Prescribing provider; Or click [search] to select a Provider ID from the list.	Clicking [search] opens the Provider ID search panel.
3	Select PA Assignment from drop down list.	
4	Enter Current ID ; Or click [search] to select a Current ID from the list.	Clicking [search] opens the Current ID search panel.
5	Enter Diagnosis ; Or click [search] to select a Diagnosis from the list.	Clicking [search] opens the Diagnosis search panel.
6	Enter Update Reviewed in MM/DD/CCYY format.	
7	Enter Reviewer ID ; Or click [search] to select a Reviewer from the list.	Clicking [search] opens the Reviewer search panel.
8	Select Service Provider Check from drop down list.	
9	Enter Service Provider ID also referred to as the Performing, Rendering or Billing provider; Or click [search] to select a Service Provider ID from the list.	Clicking [search] opens the Provider ID search panel.
10	Select Print Option from drop down list.	
11	Enter Update Received in MM/DD/CCYY format.	
12	Select Emergency from drop down list.	

Step	Action	Response
13	Select Accident from drop down list.	
14	Select Special Considerations from drop down list.	
15	Click Save .	Base Information is saved.

6.13.6.3 To Update the Base Information Panel

Step	Action	Response
1	Click in field(s) to update and perform update.	
2	Click Save .	Base Information is saved.

6.14 RELATED DATA PAGE OVERVIEW

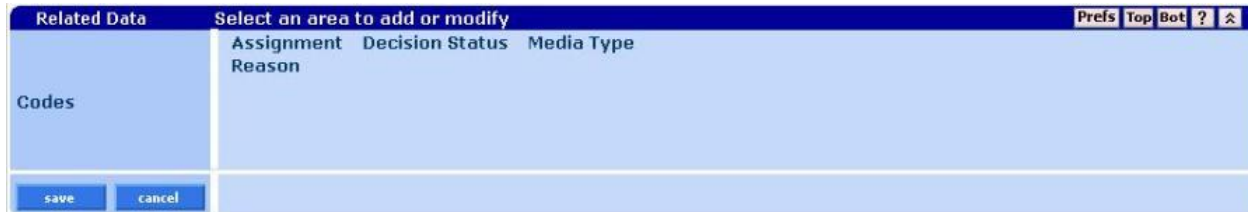
6.14.1 Related Data Page Narrative

The Related Data page contains hyperlinks to the prior authorization code maintenance panels.

This panel is inquiry only.

Navigation: [Prior Authorization] – [Related Data]

6.14.2 Related Data Page Layout



6.14.3 Related Data Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Assignment	Links to the Assignment panel.	Hyperlink	N/A	0
Cancel	Click on the Cancel button to cancel all changes applied to all panels on the page.	Button	N/A	0
Decision Status	Links to the Decision Status panel.	Hyperlink	N/A	0
Media Type	Links to the Media Type panel.	Hyperlink	N/A	0
Reason	Links to the Reason panel.	Hyperlink	N/A	0
Save	Saves the current panel information as it relates to a prior authorization record.	Button	N/A	0

6.14.4 Related Data Page Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edits found for this page.				

6.14.5 Related Data Page Extra Features

Field	Field Type
No extra features found for this page.	

6.14.6 Related Data Page Accessibility

6.14.6.1 To Access the Related Data Page

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Related Data .	Related Data page displays.

6.15 ASSIGNMENT PANEL OVERVIEW

6.15.1 Assignment Panel Narrative

The Assignment panel allows users to add and maintain the prior authorization assignment code records used to identify the type of prior authorization requested.

Only users with update authority are allowed to modify this panel.

Navigation Path: [Prior Authorization] – [Related Data] - [Codes] - [Assignment]

6.15.2 Assignment Panel Layout

The screenshot displays the 'Assignment' panel. At the top is a table with columns: Assignment Code, Description, Assignment Group, Service Provider Required, MCO Covered Service, Effective Date, and End Date. The table lists 12 rows of data. Below the table is a navigation bar with buttons for 'Top', 'Nav', '?', 'A', and 'X'. Below the navigation bar is a form for adding or updating a record. The form has fields for 'Assignment Code', 'Description', 'Effective Date', 'End Date', 'Assignment Group', 'Service Provider Required' (with a dropdown menu), and 'MCO Covered Service' (with a dropdown menu). There are 'Delete' and 'Add' buttons at the bottom right of the form.

Assignment Code	Description	Assignment Group	Service Provider Required	MCO Covered Service	Effective Date	End Date
01	MEDICAL CARE	02	Yes	Yes	01/01/1900	12/31/2299
02	SURGICAL	02	Yes	Yes	01/01/1900	12/31/2299
03	CONSULTATION	01	Yes	No	01/01/1900	12/31/2299
04	DIAGNOSTIC X-RAY	01	No	Yes	01/01/1900	12/31/2299
05	DIAGNOSTIC LAB	01	Yes	No	01/01/1900	12/31/2299
06	RADIATION THERAPY	01	Yes	No	01/01/1900	12/31/2299
07	ANESTHESIA	01	Yes	No	01/01/1900	12/31/2299
08	SURGICAL ASSISTANCE	01	Yes	No	01/01/1900	12/31/2299
11	USED DURABLE MEDICAL EQUIPMENT	01	Yes	No	10/01/2011	12/31/2299
12	DME - PURCHASE	02	Yes	Yes	01/01/1900	12/31/2299

Select row above to update -or- click Add button below.

Assignment Code: Assignment Group:
Description: Service Provider Required:
Effective Date: MCO Covered Service:
End Date:

Delete Add

6.15.3 Assignment Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Click on the add button on the panel to insert a new data record. A user must have proper permission to perform an add.	Button	N/A	0
Assignment Code	The code that identifies the type of PA request. Once the assignment code record has been created, this field becomes disabled and cannot be modified.	Field	Character	2
Assignment Group	The code identifying the higher level grouping of related PA Assignment Codes.	Field	Character	2
Delete	Click the Delete button on the panel to delete the selected data record. A data record from the list must be selected before a user can perform a delete. A	Button	N/A	0

Field	Description	Field Type	Data Type	Length
	user must have the proper permissions to perform a delete.			
Description	The description of the prior authorization assignment code.	Field	Character	30
Effective Date	The effective date of the PA assignment code.	Field	Date (MM/DD/CCYY)	8
End Date	The end date of the PA assignment code.	Field	Date (MM/DD/CCYY)	8
MCO Covered Service	Indicates if the PA assignment code is a MCO covered service.	Combo Box	Drop Down List Box	0
Service Provider Required	Indicates if a service provider is required on PAs that use this assignment code.	Combo Box	Drop Down List Box	0

6.15.4 Assignment Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Assignment	Field	0	A duplicate record cannot be saved.	Verify and re-type. Assignment code already exists.
	Field	5001	Assignment is required.	Enter a 2-character assignment code.
Assignment Group	Field	5001	Assignment Group is required.	Enter an Assignment Group code.
	Field	5010	Assignment Group must be Numeric.	Enter a numeric Assignment Group code.
Delete	Button	0	Delete Error: Assignment Code record cannot be deleted - Assignment Code in use.	Record cannot be deleted because the assignment code is currently associated with an existing PA.
Description	Field	5001	Description is required.	Enter a text description for the assignment code.
Effective Date	Field	5501	Invalid date. Format is mm/dd/ccyy.	Enter a valid date.

Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	5501	Invalid date. Format is mm/dd/ccyy.	Enter a valid date.

6.15.5 Assignment Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.15.6 Assignment Panel Accessibility

6.15.6.1 To Access the Assignment Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Related Data .	Related Data panel displays.
3	Click Assignment hyperlink on Related Data panel.	Assignment panel displays.

6.15.6.2 To Add to the Assignment Code Panel

Step	Action	Response
1	Click Add .	Activates fields for entry of data or selection from lists.
2	Enter Assignment code.	
3	Enter Description of the code.	
4	Enter Assignment Group .	
5	Select Service Provider Required from drop down list.	
6	Select MCO Covered Service from drop down list.	
7	Click Save .	Assignment information is saved.

6.15.6.3 To Update the Assignment Code Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click Save .	Assignment information is saved.

6.15.6.4 To Delete from the Assignment Code Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click Delete .	Line item is deleted.

6.16 DECISION STATUS PANEL OVERVIEW

6.16.1 Decision Status Panel Narrative

The Decision Status panel allows users to add and maintain the prior authorization status code records used to indicate line item status.

Only users with update authority are allowed to modify this panel.

Decision status codes are hard-coded throughout the prior authorization functional area in order to determine processing logic. Because decision statuses can be added and modified by users, the following is a listing of the PA objects that contain hard-coded status codes:

- Pharmacy Auto PA Module for DUR+ (clmsAutoPa.sc)
- General Claim PA (clmsPaPauth.sc)
- PA Analyst Activity Report (PAU-001A-M)
- PA 30 Days Aging Report (PAU-0002-M)
- PA Monthly Utilization Report (PAU-0008-M)
- PA Monthly Activity Report (PAU-0005-M)
- PA Notices (PAU-0001-D)
- PA Batch editor (paupedit.sc)
- Prior Authorization online application User Interface (panels)

Navigation Path: [Prior Authorization] – [Related Data] - [Codes] - [Decision Status]

6.16.2 Decision Status Panel Layout

The screenshot displays the 'Decision Status' panel. At the top, there is a title bar with 'Decision Status' and navigation icons. Below the title bar is a table with three columns: 'Decision Status Code', 'Decision Status Description', and 'Status Type'. The table contains the following data:

Decision Status Code	Decision Status Description	Status Type
A	Approved	Finalized
D	Denied	Finalized
E	Evaluation	Non-finalized
F	Denied-nd furth doco	Non-finalized
G	Reconsideration	Non-finalized
K	Cancelled	Non-finalized
P	Pending	Non-finalized

Below the table, there is a text prompt: 'Select row above to update -or- click Add button below.' Underneath this prompt is a form with three fields: 'Decision Status Code' (a text input), 'Decision Status Description' (a text input), and 'Status Type' (a dropdown menu). At the bottom right of the form are two buttons: 'delete' and 'add'.

6.16.3 Decision Status Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Click on the add button on the panel to insert a new data record. A user must have proper permission to perform an add.	Button	N/A	0
Delete	Click the Delete button on the panel to delete the selected data record. A data record from the list must be selected before a user can perform a delete. A user must have the proper permissions to perform a delete.	Button	N/A	0
Decision Status Code	The code that identifies the line item status.	Field	Character	1
Decision Status Description	The description of the status code.	Field	Character	20
Status Type	Indicates the type of status. Values are Finalized and Non-Finalized.	Combo Box	Drop Down List Box	0

6.16.4 Decision Status Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Delete	Button	0	Delete Error: Decision Status Code record cannot be deleted - Status Code in use.	Record cannot be deleted because the status code is currently associated with an existing PA line item.
Decision Status Code	Field	5001	Decision Status Code is required.	Enter a status code value.
	Field	5111	Delete Error: Decision Status Code record cannot be deleted - Status Code in use.	Do not try to delete Decision Status codes that are being used by a PA line item.
	Field	5200	A duplicate record cannot be saved.	Verify and re-type. Status code already exists.
Decision Status Description	Field	5001	Decision Status Description is required.	Enter a text description for the status code.

Field	Field Type	Error Code	Error Message	To Correct
Status Type	Field	0	Status Type is required.	Select a value from the drop down list.

6.16.5 Decision Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.16.6 Decision Status Panel Accessibility

6.16.6.1 To Access the Decision Status Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Related Data .	Related Data panel displays.
3	Click Decision Status hyperlink on Related Data panel.	Decision Status panel displays.

6.16.6.2 To Add to the Decision Status Panel

Step	Action	Response
1	Click Add .	Activates fields for entry of data or selection from lists.
2	Enter Decision Status Code .	
3	Enter Decision Status Description .	
4	Select Status Type from drop down list.	
5	Click Save .	Decision Status information is saved.

6.16.6.3 To Update the Decision Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	

Step	Action	Response
3	Click Save .	Decision Status information is saved.

6.16.6.4 To Delete from the Decision Status Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click Delete .	Line item is deleted.

6.17 MEDIA TYPE PANEL OVERVIEW

6.17.1 Media Type Panel Narrative

The Media Type panel allows users to add and maintain the prior authorization media type records used to indicate how the PA request entered the system, or how the PA request was received by the PA Unit.

Only users with update authority are allowed to modify this panel.

Because Media Type codes can be added and modified by users, the following is a listing of the PA objects that contain hard-coded media type codes:

- PA Electronic Activity Report (PAU-002A-D)
- Prior Authorization online application User Interface (panels)
- PA Batch editor (paupedit.sc)

Navigation: [Prior Authorization] – [Related Data] - [Codes] - [Media Type]

6.17.2 Media Type Panel Layout

Media Type Code	Media Type Description
1	ONLINE
2	WEB
3	TAPE
4	ELEC TXN
A	TEST
Y	ONLINE 2
5	PAPER
6	PHONE

Type data below for new record.

Media Type Code*

Media Type Description*

delete add

6.17.3 Media Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Click on the add button on the panel to insert a new data record. A user must have proper permission to perform an add.	Button	N/A	0
Delete	Click the Delete button on the panel to delete the selected data record. A data record from the list must be selected before a user can perform a delete. A user must have the proper permissions to perform a delete.	Button	N/A	0
Media Type Code	The code that identifies the PA submission method.	Field	Character	1
Media Type Description	The description of the media type code.	Field	Character	9

6.17.4 Media Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Delete	Button	0	Delete Error: Media Type is associated with a PA. Cannot delete.	Record cannot be deleted because the media type code is currently associated with an existing PA.
Media Type Code	Field	5001	Media Type Code is required.	Enter a media type code.
	Field	5200	A duplicate record cannot be saved.	Verify and re-type. Media type code already exists.
Media Type Description	Field	6001	Media Type Description is required.	Enter a text description of the media type code.

6.17.5 Media Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.17.6 Media Type Panel Accessibility

6.17.6.1 To Access the Media Type Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Related Data .	Related Data panel displays.
3	Click Media Type hyperlink on Related Data panel.	Media Type panel displays.

6.17.6.2 To Add to the Media Type Panel

Step	Action	Response
1	Click Add .	Activates fields for entry of data or selection from lists.
2	Enter Media Type Code .	
3	Enter Media Type Description .	

Step	Action	Response
4	Click Save .	Media Type information is saved.

6.17.6.3 To Update the Media Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click Save .	Media Type information is saved.

6.17.6.4 To Delete from the Media Type Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click Delete .	Line item is deleted.

6.18 REASON PANEL OVERVIEW

6.18.1 Reason Panel Narrative

The Reason panel allows users to add and maintain the prior authorization reason code records used to document decisions on PA line items.

Only users with update authority are allowed to modify this panel.

Navigation: [Prior Authorization] – [Related Data] - [Codes] – [Reason]

6.18.2 Reason Panel Layout

The screenshot shows a web application window titled 'Reason'. It features a table with two columns: 'Reason Code' and 'Reason Code Description'. The table lists several codes and their corresponding descriptions. Below the table, there is a navigation bar with a 'Next >' button. Underneath the navigation bar, there is a text prompt: 'Select row above to update -or- click Add button below.' Below this prompt, there are two input fields: 'Reason Code' and 'Reason Code Description'. At the bottom right of the form, there are two buttons: 'delete' and 'add'.

6.18.3 Reason Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Click on the add button on the panel to insert a new data record. A user must have proper permission to perform an add.	Button	N/A	0
Delete	Click the Delete button on the panel to delete the selected data record. A data record from the list must be selected before a user can perform a delete. A user must have the proper permissions to perform a delete.	Button	N/A	0
Reason Code	The code that uniquely identifies a reason code used to document prior authorization decisions.	Field	Character	25
Reason Code Description	The description of the reason code.	Field	Character	500

6.18.4 Reason Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Delete	Button	1	Delete Error: Reason Code record cannot be deleted - Reason Code in use.	Record cannot be deleted because the Reason Code is currently associated with an existing PA.
Reason Code	Field	5001	Reason is required.	Reason cannot be empty. Enter a valid Reason code.
	Field	5200	A duplicate record cannot be saved.	Verify and re-type. Reason code already exists.
Reason Code Description	Field	5001	Reason Code Description is required.	Description cannot be empty. Enter a description for this reason code.

6.18.5 Reason Panel Extra Features

Field	Field Type
No extra features found for this page/panel.	

6.18.6 Reason Panel Accessibility

6.18.6.1 To Access the Reason Panel

Step	Action	Response
1	Enter User Name and Password ; Click Login .	Main Menu page displays.
2	Point to Prior Authorization and click Related Data .	Related Data panel displays.
3	Click Reason hyperlink on Related Data panel.	Reason panel displays.

6.18.6.2 To Add to the Reason Panel

Step	Action	Response
1	Click Add .	Activates fields for entry of data or selection from lists.

Step	Action	Response
2	Enter Reason Code .	
3	Enter Reason Code Description .	
4	Click Save .	Reason information is saved.

6.18.6.3 To Delete from the Reason Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click Delete .	Line item is deleted.

7 PRIOR AUTHORIZATION REPORTS

The Prior Authorization User Manual provides the following information for each report:

- **Narrative:** Provides a brief description of the report functionality and usage.
- **Layout:** Provides a representation of the report and details the exact placement and format of the field names, values and heading information.
- **Field Descriptions:** Lists the fields included on the report, with a definition of each field.

7.1 PAU-0002-D – PRIOR AUTHORIZATION 30 DAYS AGING REPORT

7.1.1 PAU-0002-D – Prior Authorization 30 Days Aging Report Narrative

The Prior Authorization 30 Days Aging Report (PAU-0002-D) displays all prior authorizations (PAs) that are older than 30 days and have not been worked. This report is used by the PA Unit in order to determine what PAs must be worked in order to meet timeliness deadlines. This report is sorted by Assignment Code, and within Assignment Code the records are sorted by PA number and grouped by Review Clerk.

This report selects all PA records where the status on any line item is E (evaluation) and where the Date Received is older than 30 days from the current date.

This report is generated daily.

7.1.2 PAU-0002-D – Prior Authorization 30 Days Aging Layout

Report : PAU-0002-D		ALABAMA MEDICAID AGENCY				Run Date: MM/DD/YYCC		
Process : PAUJD002		MEDICAID MANAGEMENT INFORMATION SYSTEM				Run Time: HH:MM:SS		
Location: PAUPD002		PRIOR AUTHORIZATION 30 DAYS AGING REPORT				Page: 9999		
ASSIGNMENT CODE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								

REVIEW	PA	SERVICE	LINE	RECIPIENT	RECIPIENT	PROVIDER	PROVIDER	DAYS
CLERK	NUMBER	CODE	ITEM	NAME	NUMBER	NUMBER	NAME	AGED

XXXXXXX	999999999	XXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999
XXXXXXX	999999999	XXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999
XXXXXXX	999999999	XXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999
XXXXXXX	999999999	XXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999
XXXXXXX	999999999	XXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999
XXXXXXX	999999999	XXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999
XXXXXXX	999999999	XXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999
XXXXXXX	999999999	XXXXXXXXXXXXX	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999
TOTAL PRIOR AUTHORIZATIONS AGED GREATER THAN 30 DAYS: 999999								
END OF REPORT								
NO DATA THIS REPORT								

7.1.3 PAU-0002-D -- Prior Authorization 30 Days Aging Field Descriptions

Field	Description	Data Type	Length
Assignment Code	The text description of the PA Assignment Code, used to categorize PA requests by type.	Character	30
Days Aged	Number of days that the prior authorization has aged.	Number (Integer)	4
Line Item	Unique identifier for prior authorization line item.	Character	1
PA Number	Unique ten-digit prior authorization number.	Number (Integer)	10
Provider Name	Full name of the provider.	Character	35
Provider Number	A unique number identifying the requesting provider.	Number (Integer)	10
Recipient Name	Last name and first name of the recipient.	Character	28
Recipient Number	The Recipient's Medicaid identification number.	Number (Integer)	12
Review Clerk	User ID assigned to review the authorization.	Character	8
Service Code	The unique service code across all of the line items for the Assignment Code. This includes HCPCS, NDC and Revenue codes. If the service code is a HCPCS procedure, and modifiers are requested on the line item, the modifiers are linked with the service code on the report.	Character	14
Total Prior Authorizations Aged Greater Than 30 Days	Total number of prior authorizations aged greater than 30 days.	Number (Integer)	6

7.2 PAU-0003-D – PRIOR AUTHORIZATION QUALITY REVIEW REPORT - MEDICAID

7.2.1 PAU-0003-D – Prior Authorization Quality Review Report - Medicaid Narrative

The Prior Authorization Quality Review Report – Medicaid (PAU-0003-D) displays all new prior authorization (PA) line items received or any PA line items whose status has changed since the last run of the report. It displays only those PA line items with a status of A (approved), D (denied), or E (evaluation), and only those line items with a service type of revenue code or procedure code. This report is used by the PA medical and quality review services contractor. It is sorted by PA number and PA line item.

This report includes or excludes certain ranges of procedure codes and revenue codes. The procedure codes and revenue codes to be included or excluded are contained in database tables that can be updated if the ranges of procedure codes and revenue codes change. The report excludes PAs when the recipient has an identified CHIP Aid Category (5E, 5F, EK and EY) or ACA Aid Category (75, 76, 77, 78, 79, 7Q, 86, 3L, 3M, PC, PW, PP, and PB).

This report is generated daily.

7.2.2 PAU-0003-D – Prior Authorization Quality Review Report – Medicaid Layout

Report : PAU-0003-D		ALABAMA MEDICAID AGENCY				Run Date: MM/DD/CCYY	
Process : PAUJD003		MEDICAID MANAGEMENT INFORMATION SYSTEM				Run Time: HH:MM:SS	
Location: PAUPD003		PRIOR AUTHORIZATION QUALITY REVIEW REPORT - MEDICAID				Page: 9999	
PA NUMBER	LINE ITEM	PROC/REV CODE	STATUS	ANALYST	RECIPIENT ID	REQ PROV ID	SVC PROV ID
REQ/AUTH EFF DATE	REQ/AUTH END DATE			REQ UNITS	REQ AMT	AUTH UNITS	AUTH AMT
9999999999	99	XXXXX	X	XXXXXXXX	999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY		999999999999.999		999999.99	999999999999.999	999999.99
9999999999	99	XXXXX	X	XXXXXXXX	999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY		999999999999.999		999999.99	999999999999.999	999999.99
****END OF REPORT							
*** NO DATA THIS RUN***							

7.2.3 PAU-0003-D -- Prior Authorization Quality Review Report – Medicaid Field Descriptions

Field	Description	Data Type	Length
Analyst	User ID assigned to review the authorization.	Character	8
Auth Units	The number of units authorized for the line item service. Displayed for line items with a status of A (approved) only.	Number (Decimal)	16
AuthAmt	The dollar amount authorized for the line item service. Displayed for line items with a status of A (approved) only.	Number (Decimal)	10
Line Item	Unique identifier for prior authorization line item.	Character	2
PA Number	Unique ten-digit prior authorization number.	Number (Integer)	10
Proc / Rev Code	Depending on the type of service code for the PA line item, this is either the procedure code used to identify the medical, dental or DME procedure, or the revenue code identifying the specific accommodation or ancillary service.	Character	5

Field	Description	Data Type	Length
Recipient ID	The recipient's Medicaid identification number.	Number (Integer)	12
Req / Auth Eff Date	For PA line items with a status of A (Approved), this is the authorized start date for the line item. For PA line items with a status of D (denied) or E (Evaluation), this is the requested start date for the line item.	Character	10
Req / Auth End Date	For PA line items with a status of A (Approved), this is the authorized end date for the line item. For PA line items with a status of D (denied) or E (Evaluation), this is the requested end date for the line item.	Character	10
Req Amt	The dollar amount requested for the line item service.	Number (Decimal)	10
Req Prov ID	A unique number identifying the requesting provider.	Character	15
Req Units	The number of units requested for the line item service.	Number (Decimal)	16
Status	This represents the decision status of the PA line item.	Character	1
Svc Prov ID	A unique number identifying the servicing provider.	Character	15

7.3 PAU-003A-D – PRIOR AUTHORIZATION QUALITY REVIEW REPORT - CHIP

7.3.1 PAU-003A-D – Prior Authorization Quality Review Report - CHIP Narrative

The Prior Authorization Quality Review Report - CHIP (PAU-003A-D) displays all new prior authorization (PA) line items received or any PA line items whose status has changed since the last run of the report. It displays only those PA line items with a status of A (approved), D (denied), or E (evaluation), and only those line items with a service type of revenue code or procedure code. This report is used by the PA medical and quality review services contractor. It is sorted by PA number and PA line item.

This report includes or excludes certain ranges of procedure codes and revenue codes. The procedure codes and revenue codes to be included or excluded are contained in database tables that can be updated if the ranges of procedure codes and revenue codes change. The report only includes PAs when the recipient has an identified CHIP Aid Category (5E, 5F, EK and EY).

This report is generated daily.

7.3.2 PAU-003A-D – Prior Authorization Quality Review Report - CHIP Layout

Report : PAU-003A-D	ALABAMA MEDICAID AGENCY	Run Date: MM/DD/CCYY
Process : PAUJD003	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: HH:MM:SS
Location: PAUPD003	PRIOR AUTHORIZATION QUALITY REVIEW REPORT - CHIP	Page: 9999

PA NUMBER	LINE ITEM	PROC/REV CODE	STATUS	ANALYST	RECIPIENT ID	REQ PROV ID	SVC PROV ID
REQ/AUTH EFF DATE	REQ/AUTH END DATE			REQ UNITS	REQ AMT	AUTH UNITS	AUTH AMT
9999999999	99	XXXXX	X	XXXXXXXXX	99999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY			99999999999.999	9999999.99	99999999999.999	9999999.99
9999999999	99	XXXXX	X	XXXXXXXXX	99999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY			99999999999.999	9999999.99	99999999999.999	9999999.99
*** END OF REPORT ***							
** NO DATA THIS RUN **							

7.3.3 PAU-0030A-D -- Prior Authorization Quality Review Report – CHIP Field Descriptions

Field	Description	Data Type	Length
Analyst	User ID assigned to review the authorization.	Character	8
Auth Amt	The dollar amount authorized for the line item service. Displayed for line items with a status of A (approved) only.	Number (Decimal)	10
Auth Units	The number of units authorized for the line item service. Displayed for line items with a status of A (approved) only.	Number (Decimal)	16
Line Item	Unique identifier for prior authorization line item.	Character	2
PA Number	Unique ten-digit prior authorization number.	Number (Integer)	10
Proc / Rev Code	Depending on the type of service code for the PA line item, this is either the procedure code used to identify the medical, dental or DME procedure, or the revenue code identifying the specific accommodation or ancillary service.	Character	5
Recipient ID	The recipient's Medicaid identification number.	Number (Integer)	12
Req / Auth Eff Date	For PA line items with a status of A (Approved), this is the authorized start date for the line item. For PA line items with a status of D (denied) or E (Evaluation), this is the requested start date for the line item.	Character	10
Req / Auth End Date	For PA line items with a status of A (Approved), this is the authorized end date for the line item. For PA line items with a status of D (denied) or E (Evaluation), this is the requested end date for the line item.	Character	10
Req Amount	The dollar amount requested for the line item service.	Number (Decimal)	10
Req Units	The number of units requested for the line item service.	Number (Decimal)	16
ReqProv ID	A unique number identifying the requesting provider.	Character	15
Status	This represents the decision status of the PA line item.	Character	1

Field	Description	Data Type	Length
Svc Prov ID	A unique number identifying the servicing provider.	Character	15

7.4 PAU-003B-D – PRIOR AUTHORIZATION QUALITY REVIEW REPORT - ACA

7.4.1 PAU-003B-D – Prior Authorization Quality Review Report - ACA Narrative

The Prior Authorization Quality Review Report - ACA (PAU-003B-D) displays all new prior authorization (PA) line items received or any PA line items whose status has changed since the last run of the report. It displays only those PA line items with a status of A (approved), D (denied), or E (evaluation), and only those line items with a service type of revenue code or procedure code. This report is used by the PA medical and quality review services contractor. It is sorted by PA number and PA line item.

This report includes or excludes certain ranges of procedure codes and revenue codes. The procedure codes and revenue codes to be included or excluded are contained in database tables that can be updated if the ranges of procedure codes and revenue codes change. The report only includes PAs when the recipient has an identified ACA Aid Category (75, 76, 77, 78, 79, 7Q, 86, 3L, 3M, PC, PW, PP, PB).

This report is generated daily.

7.4.2 PAU-003B-D – Prior Authorization Quality Review Report - ACA Layout

Report : PAU-003B-D
Process : PAUJD003
Location: PAUPD003

ALABAMA MEDICAID AGENCY
MEDICAID MANAGEMENT INFORMATION SYSTEM
PRIOR AUTHORIZATION QUALITY REVIEW REPORT - ACA

Run Date: MM/DD/CCYY
Run Time: HH:MM:SS
Page: 9999

PA NUMBER	LINE ITEM	PROC/REV CODE	STATUS	ANALYST	RECIPIENT ID	REQ PROV ID	SVC PROV ID
REQ/AUTH EFF DATE	REQ/AUTH END DATE			REQ UNITS	REQ AMT	AUTH UNITS	AUTH AMT
9999999999	99	XXXXX	X	XXXXXXXXX	999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY			999999999999.999	9999999.99	999999999999.999	9999999.99
9999999999	99	XXXXX	X	XXXXXXXXX	999999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY			999999999999.999	9999999.99	999999999999.999	9999999.99
*** END OF REPORT ***							
** NO DATA THIS RUN **							

7.4.3 PAU-003B-D -- Prior Authorization Quality Review Report – ACA Field Descriptions

Field	Description	Data Type	Length
Analyst	User ID assigned to review the authorization.	Character	8
Auth Amt	The dollar amount authorized for the line item service. Displayed for line items with a status of A (approved) only.	Number (Decimal)	10
Auth Units	The number of units authorized for the line item service. Displayed for line items with a status of A (approved) only.	Number (Decimal)	16
Line Item	Unique identifier for prior authorization line item.	Character	2
PA Number	Unique ten-digit prior authorization number.	Number (Integer)	10
Proc / Rev Code	Depending on the type of service code for the PA line item, this is either the procedure code used to identify the medical, dental or DME procedure, or the revenue code identifying the specific accommodation or ancillary service.	Character	5
Recipient ID	The recipient's Medicaid identification number.	Number (Integer)	12
Req / Auth Eff Date	For PA line items with a status of A (Approved), this is the authorized start date for the line item. For PA line items with a status of D (denied) or E (Evaluation), this is the requested start date for the line item.	Character	10
Req / Auth End Date	For PA line items with a status of A (Approved), this is the authorized end date for the line item. For PA line items with a status of D (denied) or E (Evaluation), this is the requested end date for the line item.	Character	10
Req Amount	The dollar amount requested for the line item service.	Number (Decimal)	10
Req Units	The number of units requested for the line item service.	Number (Decimal)	16
ReqProv ID	A unique number identifying the requesting provider.	Character	15
Status	This represents the decision status of the PA line item.	Character	1

Field	Description	Data Type	Length
Svc Prov ID	A unique number identifying the servicing provider.	Character	15

7.5 PAU-0005-M – PRIOR AUTHORIZATION MONTHLY ACTIVITY REPORT

7.5.1 PAU-0005-M – Prior Authorization Monthly Activity Report Narrative

The Prior Authorization Monthly Activity Report (PAU-0005-M) displays statistical data for PAs where the PA Date Received falls within the prior authorization monthly reporting date range.

The report is sorted by Assignment Code and Service Code. Report lines are summarized for each unique service code within a particular Assignment Code (in descending order) and Service Code.. For example: on PA 1234567890 Line Item 01 is for procedure D5982, and Line Item 02 is for procedure D7880, and Assignment Code is Clinic. On PA 4455559954 Line Item 01 is for procedure D7880, and Assignment Code is Clinic. Only two lines show on the report in the Clinic assignment code section (one for D5982 and one for D7880).

Totals include current month, last month, current year-to-date and last year-to-date. The totals for ALL assignment codes selected for the report are printed on the last page.

This report is generated monthly.

7.5.2 PAU-0005-M – Prior Authorization Monthly Activity Layout

Report : PAU-0005-M	ALABAMA MEDICAID AGENCY	Run Date: MM/DD/CCYY
Process : PAUJM005	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: HH:MM:SS
Location: PAUPM005	PRIOR AUTHORIZATION MONTHLY ACTIVITY REPORT	Page: 99999
	MONTH OF XXXXXXXX CCYY	

ASSIGNMENT CODE: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

SERVICE CODE	# OF REQUESTS	UNITS REQUESTED UNITS OTHER	UNITS APPROVED DOLLARS APPROVED	UNITS DENIED UNDUP RECIPIENT	UNITS PENDING	UNITS CANCELLED
XXXXXXXXXXXXXX	9999999	999,999,999,999.999 999,999,999,999.999	999,999,999,999.999 \$9,999,999.99	999,999,999,999.999 999,999,999	999,999,999,999.999	999,999,999,999.999
XXXXXXXXXXXXXX	9999999	999,999,999,999.999 999,999,999,999.999	999,999,999,999.999 \$9,999,999.99	999,999,999,999.999 999,999,999	999,999,999,999.999	999,999,999,999.999
XXXXXXXXXXXXXX	9999999	999,999,999,999.999 999,999,999,999.999	999,999,999,999.999 \$9,999,999.99	999,999,999,999.999 999,999,999	999,999,999,999.999	999,999,999,999.999
XXXXXXXXXXXXXX	9999999	999,999,999,999.999 999,999,999,999.999	999,999,999,999.999 \$9,999,999.99	999,999,999,999.999 999,999,999	999,999,999,999.999	999,999,999,999.999
TOTALS						
THIS MONTH	9999999	999,999,999,999.999 999,999,999,999.999	999,999,999,999.999 \$9,999,999.99	999,999,999,999.999 999,999,999	999,999,999,999.999	999,999,999,999.999
LAST MONTH	9999999	999,999,999,999.999 999,999,999,999.999	999,999,999,999.999 \$9,999,999.99	999,999,999,999.999 999,999,999	999,999,999,999.999	999,999,999,999.999
THIS YTD	9999999	999,999,999,999.999 999,999,999,999.999	999,999,999,999.999 \$9,999,999.99	999,999,999,999.999 999,999,999	999,999,999,999.999	999,999,999,999.999
LAST YTD	9999999	999,999,999,999.999 999,999,999,999.999	999,999,999,999.999 \$9,999,999.99	999,999,999,999.999 999,999,999	999,999,999,999.999	999,999,999,999.999

Report : PAU-0005-M		ALABAMA MEDICAID AGENCY				Run Date: MM/DD/CCYY	
Process : PAUJM005		MEDICAID MANAGEMENT INFORMATION SYSTEM				Run Time: HH:MM:SS	
Location: PAUPM005		PRIOR AUTHORIZATION MONTHLY ACTIVITY REPORT				Page: 99999	
		MONTH OF XXXXXXXX CCYY					
ASSIGNMENT CODE: ALL							

SERVICE CODE	# OF REQUESTS	UNITS REQUESTED UNITS OTHER	UNITS APPROVED DOLLARS APPROVED	UNITS DENIED UNDUP RECIPIENT	UNITS PENDING	UNITS CANCELLED	

TOTALS							
THIS MONTH	9999999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	
		999,999,999,999.999	\$9,999,999.99	999,999,999			
LAST MONTH	9999999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	
		999,999,999,999.999	\$9,999,999.99	999,999,999			
THIS YTD	9999999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	
		999,999,999,999.999	\$9,999,999.99	999,999,999			
LAST YTD	9999999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	999,999,999,999.999	
		999,999,999,999.999	\$9,999,999.99	999,999,999			
*** END OF REPORT ***							
** NO DATA THIS RUN **							

7.5.3 PAU-0005-M -- Prior Authorization Monthly Activity Field Descriptions

Field	Description	Data Type	Length
# of Requests	The total requested units for the unique service code within the Assignment Code for PAs that were received within the current month reporting period.	Number (Integer)	7
# of Requests (Last Month)	The total requested units within the Assignment Code for PAs that were received within the previous month reporting period.	Number (Integer)	7
# of Requests (Last YTD)	The total requested units within the Assignment Code for PAs that were received within the previous year-to-date reporting period.	Number (Integer)	7
# of Requests (This Month)	The total requested units within the Assignment Code for PAs that were received within the current month reporting period.	Number (Integer)	7

Field	Description	Data Type	Length
# of Requests (This YTD)	The total requested units within the Assignment Code for PAs that were received within the current year-to-date reporting period.	Number (Integer)	7
Assignment Code	The text description of the PA Assignment Code, used to categorize PA requests by type.	Character	30
Dollars Approved	The total authorized dollars for the unique service code within the Assignment Code for PAs that were received within the current month reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	11
Dollars Approved (Last Month)	The total authorized dollars within the Assignment Code for PAs that were received within the previous month reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	11
Dollars Approved (Last YTD)	The total authorized dollars within the Assignment Code for PAs that were received within the previous year-to-date reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	11
Dollars Approved (This Month)	The total authorized dollars within the Assignment Code for PAs that were received within the current month reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	11
Dollars Approved (This YTD)	The total authorized dollars within the Assignment Code for PAs that were received within the current year-to-date reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	11
Month Of	The calendar month name and year of the current month reporting period.	Date (CCYY)	14
Service Code	The unique service code across all of the line items for the Assignment Code. This includes HCPCS, NDC and Revenue codes. If the service code is a HCPCS procedure, and modifiers are requested on the line item, the modifiers are concatenated with the service code on the report.	Character	14
Undup Recipient	Number of unduplicated recipients requesting the unique service code within the Assignment Code for PAs that were received within the current month reporting period.	Number (Integer)	9
Undup Recipient (Last Month)	Number of unduplicated recipients within the Assignment Code for PAs that were received within the previous month reporting period.	Number (Integer)	9
Undup Recipient (Last YTD)	Number of unduplicated recipients within the Assignment Code for PAs that were received within the previous year-to-date reporting period.	Number (Integer)	9

Field	Description	Data Type	Length
Undup Recipient (This Month)	Number of unduplicated recipients within the Assignment Code for PAs that were received within the current month reporting period.	Number (Integer)	9
Undup Recipient (This YTD)	Number of unduplicated recipients within the Assignment Code for PAs that were received within the current year-to-date reporting period.	Number (Integer)	9
Units Approved	The total authorized units for the unique service code within the Assignment Code for PAs that were received within the current month reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	15
Units Approved (Last Month)	The total authorized units within the Assignment Code for PAs that were received within the previous month reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	15
Units Approved (Last YTD)	The total authorized units within the Assignment Code for PAs that were received within the previous year-to-date reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	15
Units Approved (This Month)	The total authorized units within the Assignment Code for PAs that were received within the current month reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	15
Units Approved (This YTD)	The total authorized units within the Assignment Code for PAs that were received within the current year-to-date reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	15
Units Cancelled	The total cancelled units for the unique service code within the Assignment Code for PAs that were received within the current month reporting period, and where line item status is defined as a "cancelled" type (K).	Number (Decimal)	15
Units Cancelled (Last Month)	The total cancelled units within the Assignment Code for PAs that were received within the previous month reporting period, and where line item status is defined as a "cancelled" type (K).	Number (Decimal)	15
Units Cancelled (Last YTD)	The total cancelled units within the Assignment Code for PAs that were received within the previous year-to-date reporting period, and where line item status is defined as a "cancelled" type (K).	Number (Decimal)	15
Units Cancelled (This Month)	The total cancelled units within the Assignment Code for PAs that were received within the current month reporting period, and where line item status is defined as a "cancelled" type (K).	Number (Decimal)	15
Units Cancelled (This YTD)	The total cancelled units within the Assignment Code for PAs that were received within the current year-to-date reporting period, and where line item status is defined as a "cancelled" type (K).	Number (Decimal)	15

Field	Description	Data Type	Length
Units Denied	The total denied units for the unique service code within the Assignment Code for PAs that were received within the current month reporting period, and where line item status is defined as a "denied" type (D and F).	Number (Decimal)	15
Units Denied (Last Month)	The total denied units within the Assignment Code for PAs that were received within the current month reporting period, and where line item status is defined as a "denied" type (D and F).	Number (Decimal)	15
Units Denied (Last YTD)	The total denied units within the Assignment Code for PAs that were received within the previous year-to-date reporting period, and where line item status is defined as a "denied" type (D and F).	Number (Decimal)	15
Units Denied (This Month)	The total denied units within the Assignment Code for PAs that were received within the current month reporting period, and where line item status is defined as a "denied" type (D and F).	Number (Decimal)	15
Units Denied (This YTD)	The total denied units within the Assignment Code for PAs that were received within the current year-to-date reporting period, and where line item status is defined as a "denied" type (D and F).	Number (Decimal)	15
Units Other	The total requested units for the unique service code within the Assignment Code for PAs that were received within the current month reporting period, for line item statuses that were not reported under any of the other columns.	Number (Decimal)	15
Units Other (Last Month)	The total requested units within the Assignment Code for PAs that were received within the previous month reporting period, for line item statuses that were not reported under any of the other columns.	Number (Decimal)	15
Units Other (Last YTD)	The total requested units within the Assignment Code for PAs that were received within the previous year-to-date reporting period, for line item statuses that were not reported under any of the other columns.	Number (Decimal)	15
Units Other (This Month)	The total requested units within the Assignment Code for PAs that were received within the current month reporting period, for line item statuses that were not reported under any of the other columns.	Number (Decimal)	15
Units Other (This YTD)	The total requested units within the Assignment Code for PAs that were received within the current year-to-date reporting period, for line item statuses that were not reported under any of the other columns.	Number (Decimal)	15
Units Pending	The total pending units for the unique service code within the Assignment Code for PAs that were received within the current month reporting period, and where line item status is P.	Number (Decimal)	15

Field	Description	Data Type	Length
Units Pending (Last Month)	The total pending units within the Assignment Code for PAs that were received within the previous month reporting period, and where line item status is P.	Number (Decimal)	15
Units Pending (Last YTD)	The total pending units within the Assignment Code for PAs that were received within the previous year-to-date reporting period, and where line item status is P.	Number (Decimal)	15
Units Pending (This Month)	The total pending units within the Assignment Code for PAs that were received within the current month reporting period, and where line item status is P.	Number (Decimal)	15
Units Pending (This YTD)	The total pending units within the Assignment Code for PAs that were received within the current year-to-date reporting period, and where line item status is P.	Number (Decimal)	15
Units Requested	The total requested units for the unique service code within the Assignment Code for PAs that were received within the current month reporting period.	Number (Decimal)	15
Units Requested (Last Month)	The total requested units within the Assignment Code for PAs that were received within the previous month reporting period.	Number (Decimal)	15
Units Requested (Last YTD)	The total requested units within the Assignment Code for PAs that were received within the previous year-to-date reporting period.	Number (Decimal)	15
Units Requested (This Month)	The total requested units within the Assignment Code for PAs that were received within the current month reporting period.	Number (Decimal)	15
Units Requested (This YTD)	The total requested units within the Assignment Code for PAs that were received within the current year-to-date reporting period.	Number (Decimal)	15

7.6 PAU-0008-M – PRIOR AUTHORIZATION MONTHLY UTILIZATION REPORT-SVC PROVIDER

7.6.1 PAU-0008-M – Prior Authorization Monthly Utilization Report SVC Provider Narrative

The Prior Authorization Monthly Utilization Report (PAU-0008-M) displays statistical data for approved PAs where the PA Date Received falls within the prior authorization monthly reporting date range. Data displayed includes the units and dollars used by claims processing. The report is sorted by Assignment and Service Provider. Report lines are summarized for each unique service code within a particular Service Provider and Assignment.

This report is generated monthly.

7.6.2 PAU-0008-M – Prior Authorization Monthly Utilization Report SVC Provider Layout

Report : PAU-0008-M	ALABAMA MEDICAID AGENCY						Run Date: MM/DD/CCYY			
Process : PAUJM008	MEDICAID MANAGEMENT INFORMATION SYSTEM						Run Time: HH:MM:SS			
Location: PAUPM008	PRIOR AUTHORIZATION MONTHLY UTILIZATION REPORT - SVC PROVIDER						Page: 99999			
MONTH OF XXXXXXXX CCYY										
ASSIGNMENT: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
SERVICE PROVIDER ID	SERVICE PROVIDER TYPE	SERVICE CODE	SERVICE # OF THRU REQUESTS	UNITS REQST	DOLLARS REQST	UNITS APPRVD	DOLLARS APPRVD	UNITS USED	DOLLARS USED	PYMT MTHD
XXX XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXX 99999	9999999999.999	99999999.99	999999999.999	9999999.99	9999999.999	9999999.99	XXX
		XXXXXXXXXXXX	XXXXX 99999	9999999999.999	99999999.99	999999999.999	9999999.99	9999999.999	9999999.99	XXX
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XXX XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXX 99999	9999999999.999	99999999.99	999999999.999	9999999.99	9999999.999	9999999.99	XXX
TOTAL XXXXXXXXXXXXXXXXXXXXXXXX				999999	9999999999.999	999999999.99	999999999.999	99999999.99	999999999.999	9999999.99
* END OF REPORT *										
* NO DATA THIS RUN *										

7.6.3 PAU-0008-M – Prior Authorization Monthly Utilization Report SVC Provider Field Descriptions

Field	Description	Data Type	Length
# of Requests	Total number of PA's a provider requested the particular service code.	Number (Integer)	5
# of Requests (Total)	Total number PA requests for the month by assignment code.	Number (Integer)	6
Assignment	The text description of the PA Assignment Code, used to categorize PA requests by type.	Character	30
Dollars Apprvd	Number of approved dollars for the provider ID and service code.	Number (Decimal)	9
Dollars Apprvd (Total)	Total number of approved dollars for an assignment code.	Number (Decimal)	10
Dollars Reqst	Number of requested dollars for the provider ID and service code.	Number (Decimal)	10
Dollars Reqst (Total)	Total number of requested dollars for an assignment code.	Number (Decimal)	11
Dollars Used	Number of used dollars for the provider ID and service code.	Number (Decimal)	9
Dollars Used (Total)	Total number of used dollars for an assignment code.	Number (Decimal)	9
Month Of	The calendar month name and year of the current month reporting period.	Date (Month CCYY)	14
PYMT MTHD	The Payment Method on the Line Item. PUF - Pay Unit Fee. PCA - Pay Cap Amount. PSP - Pay System Price.	Character	3
Service Code	All service codes listed in the assignment code print. The service code field includes CPT, HCPC, Drug, modifiers, and Revenue codes.	Character	11
Service Provider ID	The provider identification number that uniquely identifies the provider of services.	Character	15
Service Provider Type	Alphabetic decryption of the provider's type. Valid values may be found in the Tables Manual.	Character	13
Service Thru	The end of the service code range on the line item (if applicable). This includes HCPCS and Revenue codes.	Character	6

Field	Description	Data Type	Length
Total	The text description of the PA Assignment Code, used to categorize PA requests by type.	Character	30
Units Apprvd	Number of approved units for the provider ID and service code.	Number (Decimal)	13
Units Apprvd (Total)	Total number of approved units for an assignment code.	Number (Decimal)	13
Units Reqst	Number of requested units for the provider ID and service code.	Number (Decimal)	13
Units Reqst (Total)	Total number of requested units for an assignment code.	Number (Decimal)	13
Units Used	Number of used units for the provider ID and service code.	Number (Decimal)	11
Units Used (Total)	Total number of used units for an assignment code.	Number (Decimal)	12

7.7 PAU-0009-M – PRIOR AUTHORIZATION MONTHLY UTILIZATION REPORT-REQ PROVIDER

7.7.1 PAU-0009-M – Prior Authorization Monthly Utilization Report-REQ Provider Narrative

The Prior Authorization Monthly Utilization Report (PAU-0009-M) displays statistical data for approved PAs where the PA Date Received falls within the prior authorization monthly reporting date range. Data displayed includes the units and dollars used by claims processing. The report is sorted by Assignment and Requesting Provider. Report lines are summarized for each unique service code within a particular Requesting Provider and Assignment.

This report is generated monthly.

7.7.2 PAU-0009-M – Prior Authorization Monthly Utilization Report-REQ Provider Layout

Report : PAU-0009-M

ALABAMA MEDICAID AGENCY

Run Date:

MM/DD/CCYY

Process : PAUJM009

MEDICAID MANAGEMENT INFORMATION SYSTEM

Run Time:

HH:MM:SS

Location: PAUPM009

PRIOR AUTHORIZATION MONTHLY UTILIZATION REPORT - REQ PROVIDER

Page:

99999

MONTH OF XXXXXXXX CCYY

ASSIGNMENT: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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REQUESTING REQUESTING SERVICE SERVICE # OF UNITS DOLLARS UNITS DOLLARS UNITS DOLLARS

PYMT

PROVIDER ID PROVIDER TYPE CODE THRU REQUESTS REQST REQST APPRVD APPRVD USED USED

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* END OF REPORT *
* NO DATA THIS RUN *

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7.7.3 PAU-0009-M – Prior Authorization Monthly Utilization Report-REQ Provider Field Descriptions

Field	Description	Data Type	Length
Assignment	The text description of the PA Assignment Code, used to categorize PA requests by type.	Character	30
# of Requests	Total number of PA's a provider requested the particular service code.	Number (Integer)	5
# of Requests (Total)	Total number PA requests for the month by provider type.	Number (Integer)	6
Dollars Apprvd	Number of approved dollars for the provider ID and service code.	Number (Decimal)	9
Dollars Apprvd (Total)	Total number of approved dollars for an assignment code.	Number (Decimal)	10
Dollars Reqst	Number of requested dollars for the provider ID and service code.	Number (Decimal)	10
Dollars Reqst(Total)	Total number of requested dollars for an assignment code.	Number (Decimal)	11
Dollars Used	Number of used dollars for the provider ID and service code.	Number (Decimal)	9
Dollars Used (Total)	Total number of used dollars for an assignment code.	Number (Decimal)	9
Month Of	The calendar month name and year of the current month reporting period.	Date (Month CCYY)	14
PYMT MTHD	The Payment Method on the Line Item. PUF - Pay Unit Fee. PCA - Pay Cap Amount. PSP - Pay System Price.	Character	3
Requesting Provider ID	The provider identification number that uniquely identifies the requesting provider.	Character	15
Requesting Provider Type	Alphabetic decryption of the provider's type. Valid values may be found in the Tables Manual.	Character	13

Field	Description	Data Type	Length
Service Code	All service codes listed in the assignment code will print. The service code field includes CPT, HCPC, Drug, modifiers, and Revenue codes.	Character	11
Service Thru	The end of the service code range on the line item (if applicable). This includes HCPCS and Revenue codes.	Character	6
Total	The text description of the PA Assignment Code, used to categorize PA requests by type.	Character	30
Units Apprvd	Number of approved units for the provider ID and service code.	Number (Decimal)	13
Units Apprvd (Total)	Total number of approved units for an assignment code.	Number (Decimal)	13
Units Reqst	Number of requested units for the provider ID and service code.	Number (Decimal)	13
Units Reqst (Total)	Total number of requested for an assignment code.	Number (Decimal)	13
Units Used	Number of used units for the provider ID and service code.	Number (Decimal)	11
Units Used (Total)	Total number of used units for an assignment code.	Number (Decimal)	12

7.8 PAU-0015-M – PRIOR AUTHORIZATION MONTHLY PROGRESS REPORT

7.8.1 PAU-0015-M -- Prior Authorization Monthly Progress Report Narrative

The Prior Authorization Monthly Progress Report (PAU-0015-M) displays statistical PA usage information for PA requests for recipients currently under Case Management. This report shows the units and dollars authorized and used for the PA requests that meet the criteria for this report, and is sorted by Recipient ID.

This report selects all PA records where the recipient on the PA is also on the Recipient Case Manager table (in an open status), where the Authorized End Date on the line item is within the reporting date range for this report, and where the line item status is a finalized type.

The reporting date range for this report uses the PA monthly reporting date range parm (PAUMONTH) and then adds 1 month to the parm begin date, and 2 months to the parm end date. For example, if the current PA monthly reporting date range is 06/01/2006 through 06/30/2006, the reporting date range for this report is 07/01/2006 through 08/31/2006.

This report is generated monthly.

7.8.2 PAU-0015-M -- Prior Authorization Monthly Progress Report Layout

Report : PAU-0015-M	ALABAMA MEDICAID AGENCY						Run Date: MM/DD/CCYY	
Process : PAUJM015	MEDICAID MANAGEMENT INFORMATION SYSTEM						Run Time: HH:MM:SS	
Location: PAUPM015	PRIOR AUTHORIZATION MONTHLY PROGRESS REPORT						Page: 9999	
RECIPIENT: XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXX X								

ASSIGNMENT CODE	PA	LN SERVICE	SERVICE EFF	END	UNITS	UNITS	DOLLARS	DOLLARS PYMT
	NUMBER	IT CODE	THRU DATE	DATE	AUTH	USED	AUTH	USED MTHD

XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XX	XXXXXXXXXXXXXXXX	XXXXXX	CCYYMMDD	CCYYMMDD	9999999.999	9999999.999 \$9,999,999.99 \$9,999,999.99 XXX
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XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XX	XXXXXXXXXXXXXXXX	XXXXXX	CCYYMMDD	CCYYMMDD	9999999.999	9999999.999 \$9,999,999.99 \$9,999,999.99 XXX
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** END OF REPORT **								
** NO DATA THIS REPORT **								

7.8.3 PAU-0015-M – Prior Authorization Monthly Progress Report Field Descriptions

Field	Description	Data Type	Length
Assignment Code	The text description of the PA Assignment Code, used to categorize PA requests by type. Only 19 of 30 possible characters are displayed in order to conserve space on the report.	Character	19

Field	Description	Data Type	Length
Dollars Auth	The authorized dollar amount on the line item. If present, this can represent either a per unit price, or a cap amount depending on the line item Payment Method.	Number (Decimal)	9
Dollars Used	The total allowed amount (from claims processing) applied towards the line item. More than one claim can pay against a line item.	Number (Decimal)	9
Eff Date	The Authorized Effective Date on the line item. Format is CCYYMMDD.	Date (CCYYMMDD)	8
End Date	The Authorized End Date on the line item. Format is CCYYMMDD.	Date (CCYYMMDD)	8
LN IT	Identifies the PA line item.	Character	2
PA Number	The unique prior authorization number assigned to the PA request.	Character	10
PYMT MTHD	The Payment Method on the Line Item. PUF - Pay Unit Fee. PCA - Pay Cap Amount. PSP - Pay System Price.	Character	3
Recipient	The unique Medicaid identification number for the recipient, followed by the recipient's name in the Last, First MI format.	Character	53
Service Code	The service code on the line item. This includes HCPCS, NDC and Revenue codes. If the service code is a HCPCS procedure, and modifiers are requested on the line item, the modifiers are concatenated with the service code on the report.	Character	14
Service Thru	The end of the service code range on the line item (if applicable). This includes HCPCS and Revenue codes.	Character	6
Units Auth	The authorized number of units on the line item. This may be blank depending on the Payment Method.	Number (Decimal)	10
Units Used	The total paid units (from claims processing) applied towards the line item. More than one claim can pay against a line item.	Number (Decimal)	10

7.9 PAU-001A-M – PRIOR AUTHORIZATION ANALYST ACTIVITY REPORT

7.9.1 PAU-001A-M -- Prior Authorization Analyst Activity Report Narrative

The Prior Authorization Analyst Activity Report (PAU-001A-M) displays current month and year-to-date summary statistical information for PA requests that have been worked by an Analyst (Reviewer). This report is used by the PA Unit for workload analysis, and is sorted by Reviewer. This report shows number of requests worked, and totals of Units and Dollars (by type of status). The report also shows the average number of days between the date received and the date the PA Notice was created.

This report selects all PA records where the date received is within the current year-to-date reporting period (for example, if the date the report was run is 10/31/2005, the year-to-date period would be 01/01/2005 through 10/31/2005), with any line item status except E (evaluation) or K (cancelled).

For each Reviewer, the first line shows totals for the current month reporting period. The second line shows totals for the current year-to-date reporting period.

This report is generated monthly.

7.9.2 PAU-001A-M -- Prior Authorization Analyst Activity Report Layout

Report : PAU-001A-M		ALABAMA MEDICAID AGENCY					Run Date: MM/DD/CCYY	
Process : PAUJM01A		MEDICAID MANAGEMENT INFORMATION SYSTEM					Run Time: HH:MM:SS	
Location: PAUPM01A		PRIOR AUTHORIZATION ANALYST ACTIVITY REPORT					Page: 9999	
ANALYST CODE	# OF REQUESTS	UNITS REQUESTED	UNITS CANCELLED	UNITS APPROVED	UNITS DENIED	UNITS PENDING	DOLLARS APPROVED	AVG LAG DAYS
xxxxxxx YTD	99999999 99999999	99999999.999 99999999.999	99999999.999 99999999.999	99999999.999 99999999.999	99999999.999 99999999.999	99999999.999 99999999.999	\$9,999,999.99 \$9,999,999.99	999 999
xxxxxxx YTD	99999999 99999999	99999999.999 99999999.999	99999999.999 99999999.999	99999999.999 99999999.999	99999999.999 99999999.999	99999999.999 99999999.999	\$9,999,999.99 \$9,999,999.99	999 999
xxxxxxx YTD	99999999 99999999	99999999.999 99999999.999	99999999.999 99999999.999	99999999.999 99999999.999	99999999.999 99999999.999	99999999.999 99999999.999	\$9,999,999.99 \$9,999,999.99	999 999
*** END OF REPORT ***								
** NO DATA THIS RUN **								

7.9.3 PAU-001A-M – Prior Authorization Analyst Activity Report Field Descriptions

Field	Description	Data Type	Length
# of Requests (YTD)	The number of PA requests the Reviewer has worked during the current year-to-date reporting period.	Number (Integer)	8
# of Requests (current month)	The number of PA requests the Reviewer has worked during the current month reporting period.	Number (Integer)	8
Analyst Code	The user ID of the Analyst (Reviewer) who performed the review.	Character	6
Avg Lag Days (YTD)	Average number of days from the date the PA is received until the date the PA Notice is created. This is for the requests received within the current year-to-date reporting period.	Number (Integer)	3
Avg Lag Days (current month)	Average number of days from the date the PA is received until the date the PA Notice is created. This is for the requests received within the current month reporting period.	Number (Integer)	3
Dollars Approved (YTD)	The total authorized dollars on PA requests that were worked within the current year-to-date reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	12

Field	Description	Data Type	Length
Dollars Approved (current month)	The total authorized dollars on PA requests that were worked within the current month reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	11
Units Approved (YTD)	The total number of authorized units on PA requests that were worked within the current year-to-date reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	15
Units Approved (current month)	The total number of authorized units on PA requests that were worked within the current month reporting period, and where line item status is defined as an "approval" type (A).	Number (Decimal)	13
Units Cancelled (YTD)	The total number of cancelled units on PA requests that were worked within the current year-to-date reporting period, and where line item status is defined as a "cancelled" type (K).	Number (Decimal)	14
Units Cancelled (current month)	The total number of cancelled units on PA requests that were worked within the current month reporting period, and where line item status is defined as a "cancelled" type (K).	Number (Decimal)	13
Units Denied (YTD)	The total number of requested units on PA requests that were worked within the current year-to-date reporting period, and where line item status is defined as a "denial" type (D and F).	Number (Decimal)	15
Units Denied (current month)	The total number of requested units on PA requests that were worked within the current month reporting period, and where line item status is defined as a "denial" type (D and F).	Number (Decimal)	13
Units Pending (YTD)	The total number of requested units on PA requests that were worked within the current year-to-date reporting period, and where line item status is P (pending).	Number (Decimal)	15
Units Pending (current month)	The total number of requested units on PA requests that were worked within the current month reporting period, and where line item status is P (pending).	Number (Decimal)	13
Units Requested (YTD)	The total number of requested units on PA requests that were worked within the current year-to-date reporting period, and where line item status is <u>not</u> E (evaluation) or G (reconsideration).	Number (Decimal)	13

Field	Description	Data Type	Length
Units Requested (current month)	The total number of requested units on PA requests that were worked within the current month reporting period, and where line item status is <u>not</u> E (evaluation) or G (reconsideration).	Number (Decimal)	15

7.10 PAU-002A-D – PRIOR AUTHORIZATION ELECTRONIC ACTIVITY REPORT

7.10.1 PAU-002A-D -- Prior Authorization Electronic Activity Report Narrative

The Prior Authorization Electronic Activity Report (PAU-002A-D) summarizes the PA requests submitted electronically each day, and is sorted by Assignment Code.

This report selects all PA records where the media type is Web (web portal) or Electronic Transaction (HIPAA 278 or NCPDP), and the date received is within the daily cycle parm date range, and the time received is before 6:00pm Central Time.

This report prints the requesting provider's ID and name. A Non-Medicaid provider would not be able to submit PA requests through the web portal or electronically, this report is designed to only show enrolled provider information.

This report is generated daily.

7.10.2 PAU-002A-D -- Prior Authorization Electronic Activity Report Layout

Report : PAU-002A-D	ALABAMA MEDICAID AGENCY	Run Date: MM/DD/CCYY
Process : PAUJD02A	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: HH:MM:SS
Location: PAUPD02A	PRIOR AUTHORIZATION ELECTRONIC ACTIVITY REPORT	Page: 9999

ASSIGNMENT CODE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PA	REVIEW	SERVICE	LN BENEFICIARY	BENEFICIARY	PROVIDER	PROVIDER
NUMBER	CLERK	CODE	IT NAME	NUMBER	NUMBER	NAME

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Report : PAU-002A-D

ALABAMA MEDICAID AGENCY

Run Date: MM/DD/CCYY

Process : PAUJD02A

MEDICAID MANAGEMENT INFORMATION SYSTEM

Run Time: HH:MM:SS

Location: PAUPD02A

PRIOR AUTHORIZATION ELECTRONIC ACTIVITY REPORT

Page: 9999

ASSIGNMENT CODE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PA	REVIEW	SERVICE	LN BENEFICIARY	BENEFICIARY	PROVIDER	PROVIDER
NUMBER	CLERK	CODE	IT NAME	NUMBER	NUMBER	NAME

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	XXXXXXX	XXXXXXXXXXXXX					
	XXXXXXX	XXXXXXXXXXXXX					

*** END OF REPORT ***

*** NO DATA THIS RUN ***

7.10.3 PAU-002A-D -- Prior Authorization Electronic Activity Report Field Descriptions

Field	Description	Data Type	Length
Assignment	The text description of the PA Assignment Code, used to categorize PA requests by type.	Character	30
LN IT	Identifies the PA request line item.	Character	2
PA Number	The unique prior authorization number assigned to the PA request.	Character	10
Provider Name	The name of the requesting provider. The first 30 characters of 50 possible characters are printed.	Character	30
Provider Number	The identification number of the requesting provider.	Character	10
Beneficiary Name	Last name, first name and middle initial of the recipient.	Character	27
Beneficiary Number	The unique Medicaid identification number for the recipient.	Character	12
Review Clerk	The identification of the reviewer assigned to review the request.	Character	8
Service Code	The service code on the line item. This includes HCPCS, NDC and Revenue codes. If the service code is a HCPCS procedure, and modifiers are requested on the line item, the modifiers are concatenated with the service code on the report.	Character	14
Total Electronic Prior Authorization Requests Received	Total number of prior authorization requests reported.	Number (Integer)	6